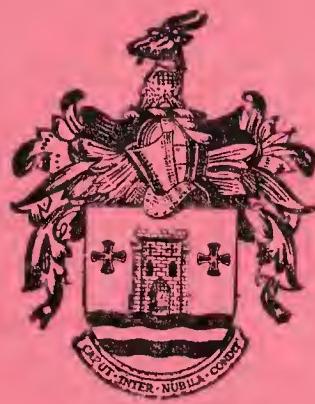


~~Mr. Huston~~
1. Dr. Did
2. Mr. Mor
3. Mr. Per
W. Yarrow

1966

1966



COUNTY BOROUGH OF GATESHEAD

ANNUAL REPORT

OF THE

Public Health Department

FOR YEAR 1966

ALFRED YARROW, M.B., Ch.B., D.P.H.
MEDICAL OFFICER OF HEALTH

G. CHARLTON, CHIEF PUBLIC HEALTH INSPECTOR

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HEALTH COMMITTEE

as at 31st December, 1966

Chairman: COUNCILLOR W. COLLINS

Vice-Chairman: COUNCILLOR C. RYANS

THE MAYOR, ALD. J. C. S. WHEATLEY	COUN. J. W. FORSTER
ALD. MRS. M. BELL	„ J. W. HAWKINS
„ A. CROSSLEY	„ MRS. E. B. HENRY
„ J. T. ETHERINGTON	„ A. JOHNSON
„ M. GRANT	„ F. JOHNSON
„ J. W. ROBERTS	„ MRS. J. H. LISTER
„ B. N. YOUNG	„ F. LUSTMAN (DR.)
COUN. W. C. ATKINSON	„ A. McCONNELL
„ J. S. BAINBRIDGE	„ J. MURRAY
„ G. C. CARPENTER	„ W. O'KANE
„ L. CARR	„ C. REED
„ W. J. S. CHAPPLE	„ A. V. TURNBULL
„ J. R. CHARLTON	„ J. W. WATSON
„ J. FITZPATRICK	„ MRS. F. M. WHEATLEY

Co-opted Members

MRS. E. HARLAND
MRS. E. MCCLURE

MRS. J. P. ROBSON
MR. J. ROUSE

MRS. L. PATTERSON

Representatives of Outside Bodies

DR. J. C. ARTHUR
MR. D. W. N. FRANKLIN
(Secretary Executive Council for Gateshead)

SUB-COMMITTEES

Invalid Care and After-Care

THE CHAIRMAN
THE VICE-CHAIRMAN
THE MAYOR
ALD. MRS. BELL
„ CROSSLEY

ALD. ETHERINGTON
COUN. FORSTER
„ A. JOHNSON
„ REED
„ TURNBULL

Representative of the Council of Social Service

MRS. N. MCKENZIE

Mental Welfare

THE CHAIRMAN
THE VICE-CHAIRMAN
THE MAYOR
ALD. MRS. BELL
„ CROSSLEY
„ ETHERINGTON

ALD. YOUNG
COUN. FORSTER
„ A. JOHNSON
„ LUSTMAN
„ REED
„ TURNBULL

Representative of the Gateshead Society for Mentally Handicapped Children

MR. P. EVANS

General Purposes and Insanitary Property

THE CHAIRMAN
THE VICE-CHAIRMAN
THE MAYOR
ALD. MRS. BELL
„ CROSSLEY
„ ETHERINGTON

ALD. YOUNG
COUN. CARR
„ FORSTER
„ A. JOHNSON
„ LUSTMAN
„ REED

COUN. TURNBULL

1. STAFF OF LOCAL AUTHORITY

Medical Officer of Health and Principal School Medical Officer — ALFRED YARROW, M.B., CH.B., D.P.H.

Deputy Medical Officer of Health and Senior School Medical Officer — JEAN M. BAINBRIDGE, M.B., B.S., D.R.C.O.G., D.P.H., LL.B. (resigned 24.4.66), WINIFRIDE KELL (from 1.6.66).

Assistant Medical Officers of Health and School Medical Officers — WINIFRIDE KELL, M.B., CH.B., D.P.H. (to 31.5.66), PHILIP C. BARRY, L.R.C.P., D.P.H., MURIEL M. EUSTACE, L.R.C.P.I. AND L.M., L.R.C.S.I. AND L.M., (Pt.-time commenced 4.1.66), HELENA CARMICHAEL M. LAUCKNER, M.B., CH.B., D.P.H. (commenced 1.9.66), JOAN MAY JOHNSTON, M.B., B.S., (Pt.-time commenced 1.9.66), CHARLOTTE NANCY LONG, M.B., CH.B., D.P.H. (Pt.-time commenced 12.10.66).

Chief Dental Officer — MISS TERESA ROSSI, B.D.S.

Dental Officers — MRS. M. LLOYD-BAKER, B.D.S. (resigned 30.6.66), MRS. A. E. FRANKISH, B.D.S. (commenced 22.8.66). MRS. H. P. WRIGHT, B.D.S.

Dental Surgery Assistants — MISS M. CESSFORD, MRS. S. P. THOMPSON, MRS. E. DAVISON, MRS. M. OVERS (commenced 26.9.66 to 22.12.66), MISS M. H. DODS (commenced 24.10.66).

Dental Technicians — T. W. CURTIS, J. GILHOLME.

Physiotherapist (part-time) — MRS. J. PICKARD, M.C.S.P., O.N.C., H.T.

Superintendent Health Visitor — MISS. I. BRADLEY, S.R.N., S.C.M., H.V.

Health Visitors and School Nurses — M. DAGLISH (Sen. H.V.), D. C. JOHNSON, (Sen. H.V.), E. WISE (retired 16.5.66), M. CRAGGS, J. TURNBULL, A. MULLEN, R. GARDNER (retired 5.4.66), S. GILLEY, E. BAXTER, M. FAIRS, M. McMANEMY (resigned 1.8.66), M. B. MAIN, M. INCE, M. MORRELL, A. BARTLEY (resigned 31.10.66), A. U. JENYO, F. McDONALD, M. A. HASWELL, C. ROSS, M. M. MAW, (part-time, resigned 31.10.66), J. HERDMAN (part-time), M. C. CLAPPERTON, E. M. FRASER, H. J. M. NOON, J. WOOD.

Student Health Visitors — (commenced training, September 1966) — MISS M. STILES, MISS J. GOLIGHTLY.

Nursing Assistants — W. CRAIG, P. M. JACKSON, D. MCVEIGH.

Tuberculosis Nurse — J. HEATLEY.

District Nurses (Wrekenton Area) — R. I. C. K. GARDNER, J. B. BARRASS.

Clinic Nurses (part-time) — MRS. E. A. RILEY (commenced 13.6.66), MRS. S. V. LEON (commenced 19.10.66).

Non-Medical Supervisor of Midwives — M. DOBSON, S.R.N., S.C.M., Q.N.

Municipal Midwives — E. DOUGLAS, A. W. HAVERY, B. MENHAMS, E. A. COLLINS (resigned 28.2.66), M. WATSON, E. FREEMAN, M. D. JACKSON, E. TORRINGTON (part-time), P. ORLEDGE, N. P. MBANEFO (nee CRILLY) (commenced 19.1.66—resigned 8.7.66), M. B. REYNOLDS (commenced 27.6.66), J. M. JERRAM (commenced 10.10.66), S. SHERWIN (commenced 14.8.66), E. M. SMITH (commenced 1.10.66), D. E. BELL (part-time, commenced 15.8.66), J. KENNEDY (resigned 31.1.66).

Matron of Day Nursery — L. DONNELLY S.R.N., S.C.M.

Supervisor of Domestic Helps — MRS. S. MAITLAND (retired 3.9.66), MISS D. CAHILL (commenced 3.10.66).

Assistant Supervisor — MRS. J. McDONAGH.

Mental Welfare Officers — L. M. GRAY (Senior), W. H. WINSHIP, J. A. JEFFERSON, MRS. W. EDGAR.

Junior Training Centre—Supervisor — MRS. M. E. D. MOORE.

Assistant Supervisors — MRS. M. TAYLOR, MRS. S. COUTT, MRS. J. M. TAYLOR (resigned 17.7.66), MISS K. MCBRIAR (commenced 5.9.66), MRS. P. WILSON, MRS. M. P. CURRAN.

Adult Training Centre—Manager — MR. F. HERDMAN.

Assistant Supervisors — MR. C. A. MARR, MR. R. MARR.

Health Education Organiser — MR. R. R. ROE, S.R.N. (commenced 3.10.66).

Chief Clerk — MR. N. CRAIG.

Senior Clerk — MR. R. A. SUTTON.

Clerical Staff — J. G. DOUGLAS, MISS P. NEILSON, MRS. M. WATSON (to 2.10.66), R. W. E. BRATTON, S. RENFORTH, T. PICKERING, MISS G. COOPER (resigned 7.2.66), MISS M. CARR, MISS M. FORAN (resigned 1.10.66), MISS J. E. ROWNTREE (resigned 5.3.66), MISS A. HODGSON, MISS J. HULDIE, MISS M. RITCHIE (commenced 4.1.66) MRS. A. M. TIERNEY (commenced 22.3.66), B. FARRER, MRS. M. HESLOP (commenced 8.8.66), MRS. E. A. MCFARLANE (commenced 28.2.66), MISS L. HALFPENNY (commenced 7.11.66).

Part-time Clinic Clerks — MRS. D. BERTRAM (commenced 1.8.66), MRS. P. D. KNOTT (commenced 19.7.66), MRS. M. W. WATSON (commenced 3.10.66).

Welfare Food Distributors — MISS E. A. HUNTER, MRS. D. ALDERDICE, MRS. S. JOHNSON.

Chief Ambulance Officer — S. J. GRAHAM.

Deputy Ambulance Officer — C. SMITH.

Caretakers—Greenesfield Health Centre — L. SWADDLE
Wrekenton Health Centre — J. T. DALTON

2. STAFF OF THE PUBLIC HEALTH INSPECTOR'S DEPARTMENT

Chief Public Health Inspector and Inspector under the Diseases of Animals Act — G. CHARLTON*‡.

Deputy Chief Public Health Inspector and Senior Housing Inspector — G. T. NEILSON*‡§.

Factories and Smoke Inspectors — J. HIGGINS*‡, T. J. WESTGARTH*‡.

Food and Drugs and Senior Meat Inspector — S. WALKER*‡.

Senior District Inspectors — W. M. ALDER*‡, S. HILL*‡§, B. HALL*‡§ (resigned 30.11.66).

District Inspectors — P. MCCOLVILLE*‡ (resigned 10.8.66), M. CHRISTIE† (resigned 23.3.66), R. GRAY† (appointed 5.9.66).

Public Analyst — W. GORDON CAREY.

Clerical Staff — M. GRAY, MRS. E. SUTTON, A. FENWICK (resigned 28.10.66), MISS P. ROBSON (appointed 10.1.66).

Disinfestor — J. FREEMAN.

Rodent Operators — J. BAINBRIDGE, B. COCKBURN.

Smoke Investigator/Enumerator — J. WILSON.

Student Public Health Inspectors — J. SPOORS^{*} (appointed Technical Assistant 19.7.66), J. GILES, J. G. THOMPSON (appointed 19.9.66).

* *Public Health Inspector's Certificate.*

† *Public Health Inspector's Diploma.*

‡ *Meat and Food Inspector's Certificate.*

§ *Smoke Inspector's Certificate.*

3. STAFF SHARED BY THE LOCAL AUTHORITY AND THE REGIONAL HOSPITAL BOARD

Chest Physicians — E. L. FEINMANN, M.B., CH.B., M.R.C.P., K. M. MARTISCHNIG, M.D., M.B., B.S.

4. HOSPITAL STAFF GIVING SERVICE AT LOCAL AUTHORITY CLINICS

Ophthalmic Surgeons — J. S. ARKLE, F.R.C.S. AND V. G. O'LEARY, M.B., B.CH., B.A.O. (commenced Oct. 1966).

Orthopaedic Surgeon — A. E. BREMNER, M.B., CH.B., F.R.C.S.

Remedial Gymnast — T. MIDGELEY, M.S.R.G.

Clerical Staff, Chest Clinic (as at 31st December, 1966) — MISS W. O'KANE, MRS. M. CUSACK, MISS L. MARTIN, MISS E. ARMSTRONG, MRS. A. V. BUGLAS.

To the Mayor, Aldermen and Councillors of the County Borough of Gateshead

I have the honour to present for your consideration the Annual Report on the health and sanitary circumstances of the Borough for the year 1966.

The rates of vital statistics were on the whole satisfactory. The very low perinatal mortality rate of 1965 was unfortunately not repeated, though there is evidence that the rise was largely due to an increase in congenital malformations incompatible with life, a matter largely outside our control. There was no maternal mortality. The illegitimacy rate, unlike the national picture, showed a slight but nevertheless welcome fall. The birth rate again showed a considerable fall to a figure comparable with those reached in Gateshead in the 4th and 6th decades of this century.

In the field of infectious diseases it is pleasing to report a fall in new cases of tuberculosis to 60—a figure never previously reached. There were, once again, no cases of poliomyelitis or diphtheria. Curiously enough there was however a continued rise in the number of new cases of scabies, a rise which began in 1962 and shows no sign of abating. The same phenomenon appears to be occurring all over the country.

Naturally, as this was my first full year in office, 1966 was a time for stocktaking. The implementation of measures urged by the Ministry of Health in Circular 12/65 regarding the use of less highly trained staff to release more highly skilled district nurses and health visitors was largely put into effect, as will be seen in the Report. During August, the District Nursing Association midwifery service, which had been managing for some time on an understaffed basis, finally expired. The staff was absorbed into the local authority service, considerably strengthening the latter. Domiciliary births continued to decline slightly, though over a third of confinements still take place at home.

In the field of care of the mentally subnormal, 1966 was a year of change of policy and of progress. The new junior training centre was, at the close of the year, nearing completion. The Health Committee also decided as a matter of policy that the staff of training centres should, as far as possible, be trained, if necessary at the expense of the local authority, and that newly recruited staff should also, as far as possible, be qualified. The first members of staff went for training in September. Plans for the new Senior Training Centre, to open in 1967, were finalised.

Staffing problems continued to be acute and were characterised by shortage and rapid turn-over. Our difficulties were eased somewhat by the increased employment of married women, often part-time, in all fields.

In the field of care of the aged it is pleasing to be able to report a considerable expansion and re-equipment of the chiropody service. There was, too, a considerable rise in the number of persons in receipt of domestic help.

In the Ambulance Service the process of modernisation and improvement undertaken by Mr. Graham, Chief Ambulance Officer, since his appointment was continued. He is loyally supported by his staff.

Reference to Part V of the Report on Sanitary Circumstances will show that the slum clearance and rehousing programme continues to show quite exceptional progress, of which the Gateshead Corporation is, and has cause to be, justifiably proud. Nor is this a sign of complacency as no one can be satisfied until all the slums have been swept away and the remaining houses needing it brought up to modern standards of comfort and convenience.

During 1966 the Wrekenton Smoke Control Orders Nos. 7 and 9 came into effect (1st July). These covered 1,150 properties. When one adds to these the high proportion of new council dwellings erected which use smokeless fuel plus the number of properties converted by individuals on their own initiative the progress made in 1966 can be considered as rather more promising than in the past.

Finally, I should like to say a few words about plans for the future and the methods we have adopted to bring these about. In last year's Annual Report reference was made to the need for self-help on the part of the citizen in planning his own life and health. The State and the Local Authority can provide work and a healthy environment. After that much is up to him. But the citizen must be educated in the field of health as in other fields. During 1966, the health visitors in particular expanded their work in this field. In October, the Council appointed its first health education officer. The efforts of all these people will be directed in a co-ordinated manner, particularly to young people in school, at youth clubs and at antenatal and child welfare clinics. Perhaps the first fruits of our labours can be seen in the improved immunisation rates for 1966. In no field is intelligent fore-thought more important to health than in family planning; here the health of the whole family as well as the mother is involved. Accordingly, in October, 1966, with the collaboration and at the request of the Council, the first family planning clinic in Gateshead was opened by the Family Planning Association.

No one under-estimates the formidable tasks in front of us. Despite all the improvements in the material environment no one, looking about him in his daily life, can be satisfied with the civilisation we have created. I believe that we in the Health Department can make a really constructive contribution to the solution of these problems.

I am indebted to the numerous contributors to this Annual Report, many of whom are mentioned by name in the body of the report. To my Deputy, Dr. Kell, I am particularly grateful. I am indebted to Mr. Roycroft (formerly Children's Officer), and Mr. Armstrong, Director of Welfare Services, for permission to include their reports as an addendum, making it a more comprehensive review of the Social Services. Miss Neilson, my secretary, has as in former years been responsible for the arduous task of collecting and collating the material and I am grateful to her. I should also like to thank the members of the Health Committee for their unfailing encouragement and support.

I am, Ladies and Gentlemen,

Your obedient Servant,

ALFRED YARROW,

Medical Officer of Health

PART I

NATURAL AND SOCIAL CONDITIONS IN THE BOROUGH

A. General Remarks

1966 showed a continuation of determined efforts to alter the physical environment of the town, to provide modern homes, shops and road systems and to increase opportunities of education and employment. Unfortunately for the latter, fiscal actions taken by the central government caused a setback towards the close of the year, albeit we hope temporary, as will be seen from comments in the following paragraphs:—

B. Employment

(a) Ministry of Labour

I am indebted to Mr. A. G. Paterson, Manager, Employment Exchange, Windmill Hills, who has kindly supplied me with the following statistics and comments:—

Table 1

	Disabled Persons					
	Unemployed Persons as at		Registered as at	Unemploy- ed as at	Registered as at	Unemploy- ed as at
	31.12.65	12.12.66	31.12.65	31.12.65	18.4.66	12.12.66
Men	1,046	1,115	1,569	176	1,609
Boys	39	66	11	2	6
Women	111	131	227	18	231
Girls	12	18	7	2	9
<i>Total</i>	1,208	1,330	1,814	198	1,855
						191

“Unemployment during 1966 remained at a lower level than 1965 until the autumn, when the effects of the economic restrictions began to be felt.

During the year the Disablement Resettlement Officer made regular visits to the Queen Elizabeth Hospital to interview patients needing assistance in returning to employment. Close contact was also maintained with Bensham General Hospital and Dunston Hill Hospital, visits being made at the request of the Social Workers.

The Resettlement Clinic at Bensham Hospital met eight times during the year and 34 selected patients attended for advice on employment problems. The Clinic is under the direction of Dr. J. K. Hingorani.

There are 42 men, 1 boy, 12 women and 3 girls registered as disabled because of epilepsy, of whom 4 males and 2 females are known to be unemployed. Five male epileptics were placed in employment during the year.

During 1966, 44 men, 2 boys, 4 women, and 1 girl commenced courses at Felling Industrial Rehabilitation Unit, of whom 5 men were able to go on courses of Vocational Training.

Six other disabled men and one woman commenced training courses after making direct application to the Employment Exchange.

The Gateshead Disablement Advisory Committee, under the Chairmanship of Mr. F. A. Kelly, J.P., F.I.O.B., met four times during the year. The function of the Committee is to advise and assist the Minister in matters relating to the employment of Disabled Persons in the area.

A special sub-committee was set up by Gateshead, Jarrow and South Shields Disablement Advisory Committees, to look into the provision of sheltered employment facilities for severely disabled persons and met twice in the year. Following the recommendations of this sub-committee approaches were made to Remploy Ltd., Durham County Council and Gateshead County Borough Council. It is understood that these recommendations are being sympathetically considered by the authorities concerned".

(b) *Youth Employment*

Miss J. Charlton, the Youth Employment Officer, in her annual report, notes that the improvement in employment prospects for both girls and boys was maintained. However, it should be noted that her annual report covers the period of one year ending 31/7/66, so that the influence of the economic measures of July, 1966, would not be felt during this period.

Details regarding handicapped school leavers are given in the Annual Report of the Principal School Medical Officer.

(c) *Social Security*

The following information kindly supplied by Mr. R. G. Davies, Manager of the local office of the Ministry of Social Security, shows a slight but significant rise in the number of unemployed in receipt of weekly allowances. It also demonstrates the effect of improved information services in persuading the elderly to claim allowances to which they are entitled.

Table 2

	<i>Number of Weekly Allowances</i>	
	<i>As at</i> <i>Dec. 1965</i>	<i>As at</i> <i>Dec. 1966</i>
Unemployed ..	.. 558	596
Illness ..	.. 981	1,030
Pensioners ..	.. 3,996	5,047
Others ..	.. 1,081	1,510
<i>Total</i> ..	.. 6,616	8,183

C. Climatic Conditions

The weather during 1966 was again rather disappointing. Total sunshine hours measures 1,290.8, as against 1,200.5 hours in 1965. April,

Table 46
ANALYSIS OF DEATHS ACCORDING TO CAUSE, AGE, AND SEX, DURING 1968

	All Ages Total	Males	Females	Under 4 Weeks	4 Weeks & Under 1 Yr.	1-5 Yrs.	5-15 Yrs.	15-25 Yrs.	25-35 Yrs.	35-45 Yrs.	45-55 Yrs.	55-65 Yrs.	65-75 Yrs.	75 Yrs. and Over
Enteritis and other diarrhoeal diseases ..	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of Respiratory System ..	6	6	—	—	—	—	—	—	—	—	—	—	—	—
Other Tuberculosis, including late effects ..	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Syphilis and its sequelae ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases ..	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Malignant neoplasm—Stomach ..	37	21	16	—	—	—	—	—	—	—	—	—	—	—
Malignant neoplasm—Lung, Bronchus ..	94	85	9	—	—	—	—	—	—	—	—	—	—	—
Malignant neoplasm—Breast ..	12	1	11	—	—	—	—	—	—	—	—	—	—	—
Malignant neoplasm—Uterus ..	9	—	9	—	—	—	—	—	—	—	—	—	—	—
Leukaemia ..	6	3	3	—	—	—	—	—	—	—	—	—	—	—
Other malignant neoplasms, etc. ..	86	41	45	—	—	—	—	—	—	—	—	—	—	—
Benign and unspecified neoplasms ..	2	2	—	—	—	—	—	—	—	—	—	—	—	—
Diabetes Mellitus ..	10	4	6	—	—	—	—	—	—	—	—	—	—	—
Other Endocrine, etc., diseases ..	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Anaemias ..	1	—	1	—	—	—	—	—	—	—	—	—	—	—
Other disease of blood, etc. ..	1	—	1	—	—	—	—	—	—	—	—	—	—	—
Mental Disorders ..	2	—	2	—	—	—	—	—	—	—	—	—	—	—
Meningitis ..	1	—	1	—	—	—	—	—	—	—	—	—	—	—
Other diseases of nervous system, etc. ..	8	1	7	—	—	—	—	—	—	—	—	—	—	—
Chronic rheumatic heart disease ..	18	7	11	—	—	—	—	—	—	—	—	—	—	—
Hypertensive disease ..	24	8	16	—	—	—	—	—	—	—	—	—	—	—
Ischaemic heart disease ..	302	156	146	—	—	—	—	—	—	—	—	—	—	—
Other forms of heart disease ..	47	18	29	—	—	—	—	—	—	—	—	—	—	—
Cerebrovascular disease ..	134	49	85	—	—	—	—	—	—	—	—	—	—	—
Other diseases of circulatory system ..	38	17	21	—	—	—	—	—	—	—	—	—	—	—
Influenza ..	27	14	13	—	—	—	—	—	—	—	—	—	—	—
Pneumonia ..	87	42	45	—	—	—	—	—	—	—	—	—	—	—
Bronchitis and Emphysema ..	80	60	20	—	—	—	—	—	—	—	—	—	—	—
Asthma ..	2	1	1	—	—	—	—	—	—	—	—	—	—	—
Other diseases of respiratory system ..	11	6	5	—	—	—	—	—	—	—	—	—	—	—
Peptic ulcer ..	10	6	4	—	—	—	—	—	—	—	—	—	—	—
Intestinal obstruction and hernia ..	6	4	2	—	—	—	—	—	—	—	—	—	—	—
Cirrhosis of liver ..	6	5	1	—	—	—	—	—	—	—	—	—	—	—
Other disease of digestive system ..	9	3	6	—	—	—	—	—	—	—	—	—	—	—
Nephritis and nephrosis ..	5	3	2	—	—	—	—	—	—	—	—	—	—	—
Hyperplasia of prostate ..	5	5	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases, genito-urinary system ..	10	3	7	—	—	—	—	—	—	—	—	—	—	—
Diseases of Musculo-skeletal system ..	2	1	1	—	—	—	—	—	—	—	—	—	—	—
Congenital anomalies ..	11	3	8	—	—	—	—	—	—	—	—	—	—	—
Birth injury, difficult labour, etc. ..	7	5	2	—	—	—	—	—	—	—	—	—	—	—
Other causes of perinatal mortality ..	4	2	2	—	—	—	—	—	—	—	—	—	—	—
Symptoms and ill-defined conditions ..	7	1	6	—	—	—	—	—	—	—	—	—	—	—
Motor vehicle accidents ..	8	5	3	—	—	—	—	—	—	—	—	—	—	—
All other accidents ..	23	13	10	—	—	—	—	—	—	—	—	—	—	—
Suicide and self inflicted injuries ..	7	6	1	—	—	—	—	—	—	—	—	—	—	—
All other external causes ..	6	3	3	—	—	—	—	—	—	—	—	—	—	—
TOTAL .. .	1176	614	562	19	9	6	4	4	9	28	96	228	341	432

August and October were the wettest months, and the greatest amount of sunshine was recorded in May. Snow was recorded on 19 days in the first four months of the year.

STATISTICS

D. Area and Population

Population (estimated by Registrar General, 1966), (includes added area)	101,200
Area of Borough (in acres)	4,559
Population of present Borough (Census 1931), (includes added area) ..	124,545
Population of present Borough (Census 1961)	103,261
No. of Inhabited Houses (Valuation Lists)	33,363
Density of population per acre	22.19
No. of persons per inhabited house	3.0
Rateable value at 1st April, 1966	£3,293,334
Estimated product of penny rate 1966-67	£13,000
Rate in the £ levied in 1966-67	13/4d.

E. Vital Statistics

		<i>M.</i>	<i>F.</i>	<i>Total</i>
<i>Live Births</i>				
Legitimate .. .	863	868	1,731	
Illegitimate .. .	53	50	103	
		916	918	1,834
<i>Still Births</i>				
Legitimate .. .	13	12	25	
Illegitimate .. .	1	3	4	
		14	15	29
<i>Total Live and Still Births</i> ..	930	933	1,863	
<i>Deaths</i>	667	568	1,235	
<i>Excess of births over deaths</i>	263	365	628	
<i>Infant Deaths</i>				
(Deaths in first year of life)				
Legitimate .. .	20	13	33	
Illegitimate .. .	1	2	3	
		21	15	36
<i>Neonatal Deaths</i>				
(Deaths in first month of life)				
Legitimate .. .	17	11	28	
Illegitimate .. .	—	2	2	
		17	13	30
<i>Early Neonatal Mortality</i>				
(Deaths of infants under 1 week)				
Legitimate .. .	15	9	24	
Illegitimate .. .	—	2	2	
		15	11	26

		<i>M.</i>	<i>F.</i>	<i>Total</i>
<i>Perinatal Mortality</i>				
(Stillbirths plus deaths of infants under 1 week)				
Legitimate	28	21
Illegitimate	1	5
			—	49
			29	26
<i>Maternal Mortality</i>				
(including abortion)			N I L

Table 3

Rates for Gateshead County Borough as compared with England and Wales

	<i>Birth Rate</i>	<i>Illegit. Birth Rate</i>	<i>Still-birth Rate</i>	<i>Death Rate</i>	<i>Infant Mort. Rate</i>	<i>Neo-natal Mort. Rate</i>	<i>Peri-natal Mort. Rate</i>
England & Wales	..	17.7	7.9%	15.4	11.7	19.0	12.9
Gateshead C.B.	..	18.1	5.6%	15.5	12.2	19.6	16.3

COMMENTS ON VITAL STATISTICS

Births

The total number of live births in 1966 was 1,834, compared with 1,911 for 1965. This represented a birth rate of 18.1 per 1,000 population, showing a further and steeper fall in the rate compared with the high rates reached in the early nineteen sixties (see Table 8). This is part of a national phenomenon, the causes of which are complex, but may result partly from increased use of the contraceptive pill.

The illegitimacy rate fell from 62 per 1,000 live births in 1965 to 56 in 1966, a figure well below the national rate and only half that in the neighbouring City of Newcastle, a phenomenon hard to understand fully. These facts, however, give no cause for complacency as the rate is still well above that found in the late nineteen fifties.

Infant Mortality Rate

As was pointed out last year the infant mortality rate includes deaths in the first week, and the latter are an indicator of the efficiency of the obstetric services rather than of the child-care service. The infant mortality rate for Gateshead County Borough rose from 17.7 per 1,000 live births (1965), to 19.6 for 1966, as compared to 19.0 for England and Wales as a whole. The number of deaths *after* the first week, however, actually fell from 15 to 10. The rise in the rate was therefore entirely due to 'obstetric' factors—using that term in a broad sense.

Table 4 which follows illustrates this point and also the causes of death as stated in the death certificate.

Rate per 1,000
Live Births

1901-1910
149

1911-1920
127

AVERAGE INFANTILE MORTALITY RATES

1921-1930
96

1931-1940
81

1941-1950
59

1951-1960
31

County Borough of Gateshead INFANTILE MORTALITY per 1,000 live births 1900 - 1966

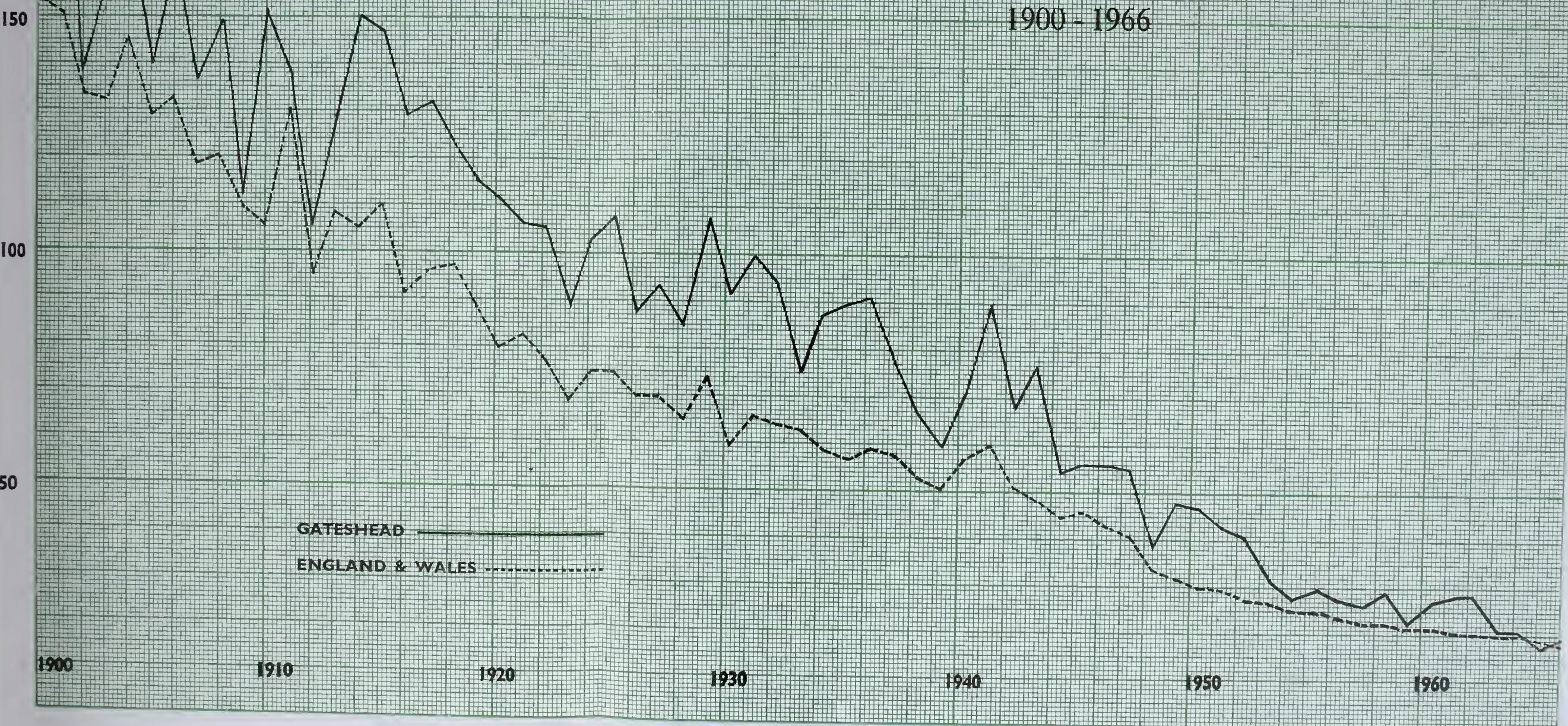


Table 4
Deaths from Stated Causes at Various Ages under one Year of Age

Cause of Death	Under 1 wk.	1-2 weeks	2-3 weeks	3-4 weeks	Total deaths	Total deaths				M	F	T
						1-3 mths. under 4 wks.	3-6 mths.	6-9 mths.	9-12 mths. under 1 yr.			
All causes:												
Certified	..	26	2	2	—	30	2	1	3	—	21	15 36
Uncertified	..	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	..	1	—	—	—	1	—	—	1	—	2	2
Broncho- pneumonia	..	—	—	1	—	1	—	1	1	—	—	3 3
Diarrhoea	..	—	—	—	—	—	1	—	—	—	—	1 1
Congenital malformations		6	1	—	—	7	—	—	—	—	3	4 7
Prematurity	..	12	—	—	—	12	—	—	—	—	7	512
Pyogenic meningitis	..	1	—	—	—	1	—	—	—	—	—	1 1
Thyrotoxicosis	..	1	—	—	—	1	—	—	—	—	—	1 1
Dwarfism	..	—	—	—	—	—	1	—	—	—	—	1 1
Birth Injury	..	1	—	—	—	1	—	—	—	—	—	1 1
Hyaline Mem- brane Disease		2	—	—	—	2	—	—	—	—	—	2 2
Sepsis of Newborn	..	1	1	1	—	3	—	—	—	—	2	1 3
Asphyxia	..	1	—	—	—	1	—	—	1	—	1	1 2
Totals	..	26	2	2	—	30	2	1	3	—	21	15 36

Perinatal Mortality Rate (stillbirths and deaths in the first week of life)

The excellent perinatal mortality figure of 25.7 per 1,000 total births reached in 1965 was unfortunately not sustained in 1966, when the rate rose to 29.5 (national rate 26.3). In order to provide a yardstick for comparison in future years, the perinatal deaths have been analyzed as far as possible and the causes of deaths tabulated as follows (Table 5). It is to be noted that where an infant died of prematurity, owing to maternal toxæmia and induction, for example, it is the first cause, namely toxæmia, that has been used in the table. It is noteworthy that the number of deaths from congenital malformations rose from 7 in 1965 to 13 in 1966; those from anencephaly from 2 to 7. It is inexplicable variations like this which cause wild fluctuations in the mortality rates when dealing with a small population.

Table 5

Perinatal Mortality

		Domiciliary Deaths	Hospital Deaths	Total	
Placental Insufficiency	..	..	2	3	5 (9.2%)
Congenital Defects	..	..	2	13	15 (27.8%)
Accidents of Pregnancy and labour	..	3	14	17 (31.5%)	
Idiopathic prematurity	..	..	1	6	7 (12.9%)
Erythro blastosis	..	..	—	2	2 (3.7%)
Toxæmia of pregnancy	..	..	—	4	4 (7.4%)
Infection	..	..	—	1	1 (1.9%)
Other	..	..	—	3	3 (5.6%)

Accidents (See Table 6)

Roads. Police returns of death on the roads showed a steep rise from 13 deaths to 22. The usual pattern of mortality was revealed in that it was mainly young men in their teens and early twenties who were killed, together with the aged of both sexes.

Other. Fatal accidents in the home, at work or outside the home totalled 25, compared with 38 in 1965. No less than four of these died of accidental poisoning. A further six persons were drowned, compared with five the previous year. It is pleasing to note that of the total of 47 accidental deaths only two were in children under five.

It is quite certain that a large proportion of such accidents are not truly accidental at all but really due to lack of foresight. Accidents in the home were made the subject of a special campaign by health visitors during the Saltwell Park Exhibition in August, and this drew a lot of attention from visitors.

Table 6

			<i>Male</i>	<i>Female</i>	<i>Total</i>
Vehicle Accidents ..	..	..	15	7	22
Ages .. ..	..	..	5		
			19		
			20		
			22		
			23		
			24		
			25		
			26		
			32	45	
			39	52	
			62	55	
			74x2	69	
			75	72	
			81	79	
				80	
In the Home ..	..	..	7	7	14
Falls ..	..	..	3	2	5
Burns ..	..	..	—	1	1
Poisoning ..	..	..	2	2	4
Asphyxia ..	..	..	2(1)	1(1)	3
Electrocution ..	..	..	—	1	1
At Work:					
Falls ..	..	..	1	—	1
Outside Home:					
Falls ..	..	..	2	1	3
Drowning ..	..	..	6	—	6
Thrown from pony ..	..	—	—	1	1
			31	16	47

(Figures in brackets denote children of 5 or under)

Deaths

Deaths in 1966 numbered 1,235, as compared to 1,303 in 1965, representing a rate of 12.2 per 1,000 population (England and Wales 11.7 per 1,000).

The usual summary of causes of death is given in Table 53. From this it will be observed that diseases of the heart and blood vessels account for approximately half the deaths. The next highest mortality group was cancer, accounting for 20%. Respiratory diseases (excluding lung cancer) accounted for 12% of deaths.

Cancer of the lung exacted its usual high toll. Of the 78 deaths no less than 44 occurred in persons below the age of retirement. There is need for further efforts both by central government and locally at combating the spread of the smoking habit among young people.

Maternal Mortality

It is pleasing to be able to report that there were no maternal deaths in 1966.

G. Comparable Statistics for Gateshead and Neighbouring Local Health Authorities, 1966

Table 7

	<i>Gates-head</i>	<i>New-castle upon Tyne</i>	<i>South Shields</i>	<i>Sunder-land</i>	<i>Tyne-mouth</i>	<i>North-umber-land</i>	<i>Durham</i>
Registrar General's estimated pop'n	101,200	253,780	108,110	187,650	72,400	501,380	981,020
Comparability factor:							
(a) Births	0.97	1.00	0.98	0.94	0.98	1.00	0.98
(b) Deaths	1.14	1.08	1.17	1.28	1.09	1.05	1.18
Crude birth rate per 1,000 population	18.1	16.70	16.04	18.55	18.89	15.08	17.33
Birth rate as adjusted by factor	17.5	16.70	15.72	17.44	18.51	15.08	16.98
Crude death rate per 1,000 population	12.2	12.22	11.06	11.05	10.72	12.29	11.68
Death rate as adjusted by factor	13.9	13.19	12.94	13.59	11.68	12.90	13.78
Illegitimate live births per cent of total live births	5.6	11.5	7.3	6.2	6.4	5.1	4.9
Infant mortality rate per 1,000 live births	19.6	25.01	23.51	23.56	16.37	20.10	21.00
Neonatal mortality rate per 1,000 live births	16.3	15.10	13.19	14.65	10.41	13.49	14.23
Perinatal mortality rate per 1,000 total births	29.5	29.02	22.07	31.83	26.78	28.08	28.57
Stillbirth rate per 1,000 total births	15.5	15.79	16.34	19.44	10.24	16.78	17.12
Maternal mortality rate per 1,000 total births	—	—	0.56	0.28	—	0.13	0.12
Tuberculosis rates per 1,000 population:							
Primary notification:							
(a) Respiratory	0.44	0.39	0.55	0.59	0.29	0.26	0.30
(b) Non-Respiratory	0.15	0.09	0.08	0.06	0.06	0.04	0.04
Deaths:							
(a) Respiratory	0.10	0.08	0.06	0.06	0.04	0.02	0.08
(b) Non-Respiratory	0.01	0.00	—	—	0.01	0.00	0.01
Death rates per 1,000 population from:							
Cancer:							
All forms (including Leukaemia and Aleukaemia)	2.54	2.39	2.25	2.25	2.21	2.18	2.14
Lungs and Bronchus only	0.77	0.68	0.70	0.64	0.52	0.54	0.52
Meningococcal infections	—	0.00	—	0.00	0.01	0.00	0.00
Whooping cough	—	0.00	—	—	—	—	—
Influenza	0.03	0.03	0.09	0.01	0.09	0.04	0.07
Measles	—	0.00	—	0.00	0.01	0.00	0.00
Acute poliomyelitis and Encephalitis	—	—	—	—	—	0.00	—
Diarrhoea (under two years)	0.01	0.02	0.01	0.02	0.01	0.01	0.02
Diarrhoea (under two years) per 1,000 live births	0.54	0.94	0.56	1.15	0.74	0.01	0.94

(— indicates no deaths)

F. Statistical Rates for the last ten years

Table 8

	1966	1965	1964	1963	1962	1961	1960	1959	1958	1957
Population	101,200	101,560	101,760	102,560	103,120	103,290	108,560	109,100	109,900	110,900
Births:										
uncorrected										
number	2,537	2,620	2,597	2,547	2,522	2,512	2,403	2,506	2,480	2,476
net number	1,834	1,911	1,964	2,005	2,018	1,984	1,973	2,011	1,984	2,064
Birth rate per										
1,000 pop'n	18.1	18.88	19.3	19.5	19.5	19.2	18.1	18.4	18.5	18.6
Deaths:										
registered	1,251	1,343	1,127	1,311	1,264	1,393	1,322	1,199	1,371	1,381
crude rate	12.3	13.22	11.0	12.7	12.2	13.4	12.1	10.9	12.4	12.4
transfers out	281	271	259	297	296	282	231	210	263	229
transfers in	265	231	259	256	245	206	215	241	196	125
Net number	1,235	1,303	1,127	1,270	1,213	1,317	1,306	1,230	1,294	1,277
Death rate per										
1,000 pop'n	12.2	12.82	11.0	12.3	11.7	12.7	12.0	11.2	11.7	11.5
Infantile										
mortality:										
deaths	36	34	42	44	59	58	57	47	60	57
rate per 1,000										
live births	19.6	17.79	21.3	21.9	29.2	29.2	28.8	23.3	30.2	27.6
Maternal death										
rate per 1,000										
total births	—	—	—	.49	—	.49	.99	.48	.48	.47
Tuberculosis										
death rate	.108	.098	.058	.136	.145	.067	.055	.19	.20	.18
Zymotic death										
rate	.028	.019	.029	.009	.029	.04	.13	.17	.1	.27
Cancer death										
rate	2.49	2.62	2.32	2.52	2.24	2.4	2.1	1.9	2.0	1.93

PART II

SERVICES UNDER PART III OF THE NATIONAL HEALTH SERVICE ACT, 1946

SECTION 22. CARE OF MOTHERS AND YOUNG CHILDREN

The total number of live births fell from 1,911 in 1965 to 1,834 in 1966, giving a birth rate of 18.1 per 1,000, still slightly above the national average. Of the live births, 626 were born at home and 1,208 delivered in hospital or nursing home. The perinatal mortality rate rose from 25.7 in 1965 to 29.5 per total births in 1966.

(a) Ante-natal Clinics

Over the years a change has taken place in the character of local authority antenatal clinics. In the main antenatal care is now undertaken at hospitals or, in the case of those to be confined at home, at the family doctor's surgery or in the patient's own home. A weekly booking session was held at the Greenesfield Health Centre and another at the District Nursing Association Home. A very few patients attended at these for antenatal and/or post-natal care but most mothers came for booking only or to have blood taken for routine antenatal tests on behalf of family doctors.

In all, 2,414 samples of blood were taken, either at the municipal clinic or the Queen Elizabeth Hospital, and there was one doubtful positive Wassermann case.

All mothers were invited to have their chest x-rayed as a routine on their first visit to the antenatal clinic.

(b) Relaxation and Mothercraft Classes

During 1966, 52 mothers attended antenatal training classes held at Greenesfield Clinic. These comprise a course of 6 practical lessons in physical and mental training for labour, given by a physiotherapist and six talks on subjects related to pregnancy, labour and mothercraft, given by a midwife or a health visitor.

Mothers attend these classes during the last ten weeks of their pregnancy and emerge at the end of their course with fears and misapprehensions eliminated, replaced with a confidence in accurate information and in modern training techniques.

In view of the success of the Greenesfield classes it was decided to extend the scheme to other clinics. Accordingly, towards the end of the year a start was made at the Teams Clinic, and while initially numbers attending were small they have since then begun to build up.

(c) Child Welfare Clinics

(i) Premises

After the opening of two new clinics in 1965, there was a lull in the clinic building programme. Work continued, however, during 1966 on plans for the proposed new clinic at Chowdene Bank, possibly to be started in 1967.

(ii) *Sessions*

The two new clinics at Teams and Bensham proved extremely popular. References to Tables 8 and 9 will show the high attendance figures. An additional session was introduced at Bensham, though attendances continued nevertheless high and an additional session was planned for Teams Clinic during 1967.

Attendances at Greenesfield Clinic, Moore Street (serving the Sunderland Road area), and Old Fold Clinic (held at the junior training centre), continued to decline owing to population shift. It was decided at the end of the year to close the Old Fold Clinic and to observe the position closely at the other clinics during 1967.

The continued popularity of infant welfare clinics demonstrates that they serve a need both to the mothers and to the community. There is at present a special committee sitting to survey the future of the child care services. It is important when considering any decision to be made arising out of their deliberations that this valuable form of health education and preventive medicine continues to be practised; and to be staffed by suitably trained and qualified medical personnel, whether these be family doctors or local authority officers.

Table 8

Clinic	No. of sessions	No. of 1st visits 0-1 yrs.	No. of revisits 0-1 yrs.	No. of 1st visits 1-5 yrs.	No. of revisits 1-5 yrs.
Greenesfield	98	189	1,229	97
Bensham	88	230	3,024	141
Moore Street	47	90	936	52
Low Fell	52	184	1,946	84
Teams	50	196	1,836	112
Wrekenton	47	150	1,443	71
Lobley Hill	52	101	1,256	57
Carr Hill	98	164	1,651	117
Old Fold	50	41	352	25
District Nursing Association ..	100	241	2,886	248	2,219
	682	1,586	16,559	1,004	11,751

Table 9

Clinic	No. attended at clinics	Average No. of consultations per session	No. seen by Doctor	Average attendances at Doctor's session
Greenesfield ..	2,335	23.8	1,016	13.0
Bensham ..	5,634	63.8	1,498	22.3
Moore Street ..	1,423	32.8	511	10.8
Low Fell ..	2,832	54.4	974	18.7
Teams ..	3,095	61.9	1,089	21.78
Wrekenton ..	2,641	56.1	962	20.4
Lobley Hill ..	2,233	42.9	623	11.98
Carr Hill ..	2,903	29.6	1,052	13.8
Old Fold ..	674	13.4	158	3.2
District Nursing Association ..	5,697	56.97	1,721	17.38
	29,467	43.567	9,604	15.334

(iii) Distribution of Welfare Foods

The distribution of Welfare Foods, that is National Dried Milk and Vitamin Preparations, was re-organised during the year in the light of changing clinic attendance habits consequent upon slum clearance, and the following shows the new arrangements:—

Monday, Tuesday and Wednesday afternoons, and Friday
mornings and afternoons at Greenesfield Clinic.
and during welfare sessions at each of the other clinics.

Annual Sales were as follows:—

		1965	1966	
National Dried Milk ..	..	47,502	41,069	(tins)
Cod Liver Oil ..	..	1,545	1,341	(bottles)
Vitamin tablets ..	..	985	947	(packets)
Orange Juice ..	..	20,538	22,903	(bottles)

3,571 tins of National Dried Milk were issued free in necessitous cases, compared with 3,877 tins in 1965.

Sales of proprietary brand foods amounted to £6,564 14s. 0d., as compared with £7,017 in 1965.

The amount of Dried Milk, including National Dried Milk and Proprietary Brands, sold during 1966 was approximately 14% lower than in 1965.

(d) Day Nursery, Holy Trinity

The Day Nursery has places for 120 children and the average weekly attendance figure during 1966 was 69.6, as compared with 66.2 in 1965. The Nursery is open from 8 a.m. to 6 p.m. on five days a week and caters primarily for social need cases. Roughly half the children attending fall into this category, and the remaining places are taken up by children in families where both parents choose or need to go out to work. There is a minimum charge of 10/- weekly but those who can afford pay more up to a maximum of £2 10s. 0d. weekly, still a long way below the economic cost.

The day nursery is becoming increasingly aged and more difficult to run, but plans are now well advanced for its replacement during 1967. The new day nursery will be of an experimental nature, having 40 places for normal children and a 10-place assessment centre for handicapped children.

(e) Nurseries and Child Minders Regulation Act, 1948

There were no further applications for registration as Day Nurseries under the above Act during 1966. The three registered premises continued to be conducted in a satisfactory manner. One person was registered as a Child Minder under the Act.

(f) Nursery Schools

Prior Street and Brighton Avenue Nursery Classes continued to care for about 60 children between the ages of 3-5 years.

Bensham Nursery School continued to care for 40 children.

Priority of admission was given to children whose mothers were suffering from ill-health. A health visitor makes weekly visits to treat minor ailments and one of the school medical officers makes regular visits to examine the children medically.

(g) Care of Illegitimate Children

There were 103 illegitimate live births in the Borough in 1966, 53 males and 50 females. 95 of these were known to the health visitors and the following table summarises the particulars in regard to these:—

Table 10

Total No. of children	Living with mother or near relative	Child adopt- ed	Left the district or not	Board- traced	In resi- dential nurs- ery	Died	<i>Children living with mother or near relative</i>	
							Children well cared for in good home	Home conditions poor and child requir- ing extensive supervision
95	71	8	11	2	—	3	62	9

(h) Congenital Malformations

During 1966, there were 18 cases of congenital deformities, obvious at birth, notified by obstetricians and midwives as compared with 24 cases notified in 1965 and 45 in 1964. The infants notified fall into the following categories:—

Table 11

Defects of Central Nervous System	(a)	Anencephaly ..	7 (7)
	(b)	Arnold-Chiari Malformation ..	2 (2)
	(c)	Hydrocephalus ..	2 (2)
	(d)	Spina Bifida ..	1
Defects of Alimentary System	(a)	Hare lip and Cleft Palate	4 (1)
Defects of Heart & Great Vessels	(a)	Intraventricular Septal Defect	1 (1)
Defects of Limbs	(a)	Talipes	1

(Deaths are shown in brackets)

The figures are too small for accurate comparison with previous years. There has also been a consistent drop in the number of infants notified. Nevertheless, it is curious that anencephaly, which would certainly be notified, fluctuated from 15 notifications in 1964 to 2 in 1965, and up again to 7 in 1966. All of these were, of course, stillborn. The total number of central nervous system defects was, however, 17, 12 and 12 in the three years 1964-66, inclusive.

(i) Orthopaedic Treatment

REPORT BY MR. A. E. BREMNER, F.R.C.S.

23 clinics were held at Greenesfield Health Centre during 1966. The following tables summarise the work relating to pre-school children:—

Table 12

New cases	..	..	..	47
Old cases	..	..	..	17
Total visits	..	..	..	78

Table 13

Defect		New Cases	Old Cases	Visits
Foot defects	..	13	7	25
Knock knees	..	14	5	23
Bow leg	..	5	—	6
Scoliosis	..	—	1	1
Leg deformity	..	2	—	4
Thumb deformity	..	1	—	1
Poor posture	..	2	2	6
N.A.D.	..	9	1	11
<i>Totals</i>	..	46	16	77
Shoe wedges ordered	..	..	..	.. 13

(j) Priority Dental Services

I am indebted to Miss T. Rossi, Chief Dental Officer, for the following report on the work of the dental services provided for expectant mothers and young children:—

TREATMENT OF NURSING AND EXPECTANT MOTHERS AND CHILDREN UNDER FIVE YEARS

Facilities for Dental Treatment were provided as previously at the Greenesfield, Carr Hill and Wrekenton Health Centres.

In the earlier part of the year, on May 2nd and June 1st respectively, Mr. G. Currie and Mr. W. C. Hodge commenced part-time work as Dental Officers. It was gratifying that we had at last reached full establishment after 10 months. However, we were not to remain at full strength for long. Mrs. M. Lloyd-Baker (Dental Officer), resigned on June 30th, in order to take up a similar post in Cheshire. This vacancy was not filled until Miss A. Stanley (now Mrs. Frankish), commenced duty on August 22nd.

Our Clerk to the Department, Mrs. M. Watson, resigned on September 30th, to commence part-time work with our Authority in a different department.

Two Dental Surgery Assistants were recruited, viz., Mrs. M. Overs, replacing Mrs. Watson, commenced duty on September 26th and later resigned on December 22nd. The appointment of Miss H. Dods on October 24th, 1966, filled a vacancy which had existed since August 31st, 1965.

(i) Dental Inspection or Examination

Until September 30th the inspection of expectant and nursing mothers was carried out as usual in co-operation with the Hospital Ante-Natal Clinic on three mornings of the week between 9 and 10 a.m.

From October 1st, 1966, however, this service had to be discontinued for the reason that a survey of the statistics over a period of 12 months proved it to be an uneconomic proposition as far as concerned Dental Officer's time.

Of the number of expectant and nursing mothers examined, only 55.6% resided in Gateshead, and so were eligible for treatment at our clinics. Of these, 48.9% regularly attend a Private Dental Practitioner. Of the remainder who required treatment and to whom it was offered—only 20% attended the Authority's Clinics.

Admittedly, this was a slight increase of 6% on the number treated in 1965, and the improvement would have been even more encouraging had all the mothers who attended received the full course of dental treatment necessary for them. It was found that too many patients attended only for the emergency relief of pain and sepsis.

Out of the four Nurseries in the Authority's care, only two were visited. A shortage of staff over a long period caused delay in completing work that was outstanding. Nevertheless, more children were inspected in this period than in 1965.

211 children were seen in 1966. It was found that 156 of these required dental treatment. Of the 147 who were offered treatment at the Clinics only 123 actually attended, and of these the disappointing number of 67 were made dentally fit. The remainder failed to attend for the completion of their treatment.

At the instance of the Medical Officer of Health, a Health Education Organiser has been appointed to promote (as an integral part of a General Health Education Programme), an awareness of the great need of Dental Care and Health. In last year's Report, parents' lack of attention to this need and the consequent bad effects were noted. They must be convinced that the milk teeth do deserve the same careful attention as the permanent teeth and that the consequences of neglect, in whatever form they present themselves, cannot be corrected in later years.

(ii) Dental Treatment

Four of the five surgeries are now equipped with high speed drills. The waiting room at Greenesfield House has been totally modernised. On the whole, the equipment and facilities of the department are well up to date. However, much still remains to be done which, it is hoped, will not only encourage more people to use the clinics but also to attract dental staff to work in them.

The figures in the following table indicate the work done for expectant and nursing mothers and children under 5.

(iii) Arrangements for the Provision of Dentures

All the denture and orthodontic work for the Authority, as well as a small amount for Durham County Council, is carried out in the Health Centre's Laboratory at Greenesfield House.

(iv) X-Ray Examination

This is possible at both Greenesfield Dental Clinic and Carr Hill Clinic, where Dental X-ray machines are installed.

Tables recording treatment to the Priority Dental Services are appended.

Table 14

Dental Treatment — Number of Cases

	No. of patients given first inspections during year	No. of patients who required Treatment	No. of patients who commenced treatment during year	No. of courses of treatment completed during year
Expectant and Nursing Mothers ..	1,164	782	86	34
Children under 5 and not eligible for school dental service	211	156	123	67

Table 15

Dental Treatment Provided

	Gen- eral	Emer- gency	Fill- ings	Extrac- sthetic	treat- ment	Radio- graphs	treat- ment	Other- wise & gum con- ditions	Root fill- ings, Crowns & Inlays	upper & lower Crown Inlays	Other dent- ures	Dentures provided
Expectant & Nursing Mothers	141	119	21	18	14	44	—	—	—	22	12	72
Children aged under 5 years	71	322	118	36	1	9	12	—	—	—	—	—

T. ROSSI,

Chief Dental Officer

SECTION 23. MIDWIFERY SERVICE

For many years the domiciliary midwifery service in Gateshead has been provided partly by the Gateshead District Nursing Association, and partly directly by the municipal midwives. Over the years, with the decline in domiciliary midwifery, it became increasingly difficult for both services to warrant the maintenance of sufficient staff to provide for annual and sick leave, nights off duty, refresher courses, etc. At the same time, the District Nursing Association found it impossible to recruit resident staff to live in at the Nursing Association Home. At mid-summer, 1966, the staff of the District Nursing Association midwifery service fell to three and the position became untenable. Accordingly, in mid-August the District Nursing Association ceased to provide a midwifery service, which from that date became solely a municipal service.

The number of births notified in the County Borough during 1966 was as follows:—

	<i>Live</i>	<i>Still</i>
Domiciliary	626	7
Queen Elizabeth Hospital ..	695	14
Bensham Hospital	357	5
Princes Mary Hospital	64	3
Others	92	—

The proportion of domiciliary confinements was 34.5% as compared with 36.9% in 1965. In addition, however, there were 462 early discharge cases to be nursed, of which 87 were discharged within 48 hours of delivery.

I am indebted to Mrs. Dobson, Non-medical Supervisor of Midwives, for the following comments:—

(a) Intention to Practise

During 1966, 62 midwives notified their intention to practise midwifery in the Borough. They were distributed as follows:—

Municipal midwives	14
District Nurses' Home	7
Private	—
Queen Elizabeth Hospital (includes one antenatal sister) ..	28
Bensham Hospital	13

(b) Staff and Services

As far as the domiciliary service is concerned, 4 midwives resigned, two of these were to be married, one left owing to pregnancy and the husband of one of them left the district. Five new midwives were appointed to the service, one being a retired midwife appointed for part-time nursing. Six pupils were attached to the service for training, three of whom passed the examination and returned to hospital service.

Patients continue to have their blood taken as a routine measure at the antenatal clinics.

Mrs. Pickard, physiotherapist, in co-operation with the midwives, is teaching relaxation by the psycho-prophylactic method. During 1966 there were 264 attendances. This is an increase of attendances on last year's figure (204).

One other item worthy of comment is the provision of oxygen resuscitation apparatus for treatment of asphyxia neonatorum. These were used on 18 occasions and 16 of the babies survived.

(c) Emergency Cases

Amongst the patients who had not previously booked a doctor, no occasion arose where it was necessary for the midwife to call medical aid.

The "Flying Squad", or emergency obstetric team, was called out on 8 occasions. Four premature infants were removed to hospital in the incubator, of which 2 died.

(d) Statistics

Table 16 summarizes the work of the domiciliary midwives.

Table 16

<i>Midwife</i>	<i>No. of cases attended</i>	<i>No. of morning visits</i>	<i>No. of evening visits</i>	<i>Ante & Post-natal visits</i>
1	—
2	4	97
3	14	188
4	52	513
5	34	267
6	62	673
7	45	487
8	14	135
9	4	31
10	43	446
11	47	624
12	24	285
13	15	418
14	13	101
15	—	52
16	36	498
17	8	67
18	12	123
19	15	114
20	14	86
21	5	78
22	10	51
D.N.A.	162	17
				46

8 sets of twins included in above

(e) Care of Premature Infants

During the year, 175 premature infants were born to Gateshead mothers. 157 were born alive. The particulars were as follows:—

Table 17

<i>Place of birth</i>	<i>No. of live births</i>	<i>Deaths under 24 hours</i>	<i>Deaths under 28 days</i>	<i>Alive</i>
At home..	39	2	1	36
Queen Elizabeth Hospital	79	3	6	70
Bensham General Hospital	29	5	1	23
Other Hospitals .. .	10	—	—	10
<i>Totals</i>	157	10	8	139

Of the 46 premature infants who were born at home, 39 were born alive and 7 were stillborn. The following are the particulars of those who were born alive:—

Table 18

<i>Weight at birth</i>	<i>Total</i>	<i>Died under 24 hours</i>	<i>Died under 28 days</i>	<i>Transferred to hospital</i>		
				<i>Alive</i>	<i>Died</i>	<i>Alive</i>
Less than 2 lbs. 3 ozs.	2	1	—	1	1	1
Over 2 lbs. 3 ozs. and including 3 lbs. 4 ozs.	3	1	—	2	—	—
Over 3 lbs. 4 ozs. and including 4 lbs. 6 ozs.	3	—	—	3	—	2
Over 4 lbs. 6 ozs. and including 4 lbs. 15 ozs.	5	—	—	5	—	—
Over 4 lbs. 15 ozs. and including 5 lbs. 8 ozs.	26	—	1	25	1	1
<i>Totals</i>	39	2	1	36	2	4

524 visits were made in connection with premature babies born and nursed on the district.

The supervision of infants discharged from hospital before the 10th day has continued, and the number of visits made has risen to 3,022 from 201 in 1963. Close collaboration exists between the hospital and domiciliary services. We have continued to employ the services of two retired midwives to help in this work.

(f) Maternity Outfits

Complete outfits were distributed to 699 mothers during 1966. 100 smaller packs were issued to mothers after early discharge from hospital.

SECTION 24. HEALTH VISITING

The two purpose-built clinics which were opened at the end of 1965 are being well attended by the mothers in those areas. The Welfare Clinics as a whole are well attended; the mothers living in the areas, particularly in the Teams area, are constantly visiting the clinic to consult the health visitors on their various problems.

During the year two health visitors retired and two resigned. One part-time health visitor was appointed. As a result of the receipt of Circular 12/65 from the Ministry of Health the work of the nursing staff was reviewed with a view to the introduction of less highly trained staff to relieve health visitors where appropriate. As a result of this review, one half-time state registered nurse, who is in charge of the Minor Ailments Clinic at Greenesfield was appointed and in addition one state registered nurse was appointed to attend at the Eye Specialist clinics on two sessions per week. Part-time clerical staff was also introduced to undertake the clerical work at infant welfare sessions.

One student completed her training and two students were appointed to commence training in October, 1966. This leaves the number of health visitors at 22, 4 short of establishment.

Regular monthly meetings are still being held at the chest clinic with the Chest Physicians, Paediatricians and Health Visitors. Dr. Jackson and his staff work in close liaison with the Health Department in matters dealing with children and their home surroundings.

After discussion with the local Medical Committee and with the approval of the Health Committee, arrangements were made for a health visitor to be attached to a family doctor unit, commencing at the beginning of 1967.

The work of the health visitors is summarized in the following table:—

Table 19

Health Visiting of Young Children

<i>Cases visited by health visitors</i>	<i>First visits</i>	<i>Revisits</i>
Children born in 1966	1,790	9,790
Children born in 1965	1,418	5,146
Children born in 1962-1964	5,878	9,399
	9,086	24,335

Health Visiting of Other Cases

	<i>Cases</i>	<i>Visits</i>
Persons aged 65 or over	978	1,846
Number visited at the special request of a general practitioner or hospital	54	90
Number of mentally subnormal persons	51	164
Persons, excluding maternity cases, discharged from hospital (other than mental hospitals)	44	106
Persons discharged from hospital visited at the request of a general practitioner or hospital	27	37
Number of tuberculous households visited	196	492
Number of households visited on account of infectious diseases ..	645	738
Number of antenatal cases	775	1,232
Ineffective visits amounted to ..	—	5,487
Total number of visits by health visitors during the year		43,613
Babies breast fed at 3 months ..	..	8.5 %

SECTION 25. HOME NURSING SERVICE

The Home Nursing of sick people in Gateshead is almost entirely performed by the Gateshead District Nursing Association, which is closely associated with the Queen's Institute of District Nursing. The Wrekenton area, which is becoming increasingly built-up, is, however, provided with a district nursing service by the Council directly. The movement of population from the North of the Borough to the South necessitates a close look at this arrangement, a review which is, in fact, taking place. The increasing difficulty of getting fully-trained staff has meant a re-casting of the work so as to enable some of it to be handed over to state-enrolled nurses and bathing attendants, and this process, too, is continuing with no detriment to the service being supplied.

Owing to staffing difficulties, no training was undertaken by the District Nursing Association during the year.

I am indebted to Miss Greene, Superintendent of the Gateshead District Nursing Association, for the following tabulation of the work done by the nursing staff in 1966:—

Table 20

	<i>Acute illness</i>		<i>Chronic illness</i>		<i>Total</i>	
	<i>Cases nursed</i>	<i>Visits</i>	<i>Cases nursed</i>	<i>Visits</i>	<i>Cases nursed</i>	<i>Visits</i>
No. on books at 1st January 1966	9		387		396	
<i>No. nursed in:</i>						
January	41	270	453	4,571	494	4,841
February	39	327	443	4,239	482	4,566
March	36	285	465	4,895	501	5,180
April	36	256	455	4,590	491	4,846
May	48	452	456	4,712	504	5,164
June	40	345	436	4,645	476	4,990
July	34	305	436	4,750	470	5,055
August	26	224	453	4,753	479	4,977
September	27	321	464	4,921	491	5,242
October	31	318	453	4,698	484	5,016
November	40	333	449	4,613	489	4,946
December	44	574	455	4,584	499	5,158
No. on books at 31st December, 1966	19		393		412	
Total cases nursed and visits paid during year	286	4,010	1,105	55,971	1,391	59,981

(a) Wrekenton and Beacon Lough Areas

The following table summarizes the work of the directly employed nurses:—

Table 21

		<i>No. of cases</i>	<i>No. of visits</i>
Medical ..	..	99	5,341
Surgical ..	..	57	2,756
Tuberculosis ..	..	4	163
Casual ..	..	167	167
<i>Totals</i>	..	327	8,427
Over 65 years at first visits ..		98	3,162
Patients who had more than 24 visits during year ..	..	27	6,298

(b) Laundry Service

Through the Gateshead District Nursing Association and the Gateshead Hospital Management Committee, facilities have been arranged for the laundering of soiled linen of incontinent patients. The linen is collected and returned by the district nurses and washed at the hospital. During the year, 38 persons made use of this service as compared with 52 in 1965 and 35 in 1964. At the same time, the use of incontinence pads was extended and did not cause undue difficulty in disposal. Waterproof pants and knickers with disposable linings are also being supplied to ambulant incontinent patients. I am informed by the District Nurses that all of these services are proving a great boon to patients and relatives. It is felt that with some patients the laundry service is of more value than the use of incontinence pads and therefore, for some time at any rate, this service will be continued. A close watch will be kept on the cost of these services, but to date at any rate they do not appear to be unduly expensive.

(c) Marie Curie Foundation

The Local Authority collaborates in the local arrangements sponsored by the above Foundation, which is especially devoted to the care and comfort of persons dying of malignant disease, including the reception of the worst cases into the Foundation's Nursing Homes, the nearest of which is the "Conrad House", Newcastle.

In 1966, an expenditure of £306 was incurred in providing nursing services and of £52 in providing beds and clothing for necessitous patients. Altogether nursing services were provided for 14 patients and help in kind given to 7. 11 patients received night nursing service during terminal illness.

(d) Nursing Homes

Craigielea Nursing Home continues under the guidance of Miss Twitchett, the Matron, to provide accommodation for 15 patients suffering from chronic illness and for the emergency reception of one maternity case.

SECTION 26. VACCINATION AND IMMUNISATION

During 1966 it was decided to offer a booster dose against poliomyelitis to all school-children at school entry. Other than this there was no change in policy. While measles vaccine became available during the year it was decided to await the results of field trials taking place in other authorities before adding this to the list of prophylactics offered.

During the year a re-examination of the statistics for 1965 showed that we were apparently failing in our efforts to secure a high proportion of children immunised at an early date, though some were picked up later. A considerable effort has been made, both by health visitors and local authority and family doctors, to increase the numbers of infants immunised, and this appears to have borne fruit, as is shown by Table 22. While there is obviously room for improvement, and indeed we have carried out a further campaign this year (1967), the figures can now be regarded as much more satisfactory.

Table 22

	<i>Children born in 1964, immunised by Dec. 1965</i>		<i>Children born in 1965, immunised by Dec. 1966</i>	
	<i>England & Wales</i> <i>%</i>	<i>Gates- head</i> <i>%</i>	<i>England & Wales</i> <i>%</i>	<i>Gates- head</i> <i>%</i>
Pertussis	..	70	56	72
Diphtheria	..	71	56	73
Poliomyelitis	..	65	60	68

(a) Smallpox Vaccination

While there was some improvement in uptake in 1966, it is probably true to say that less than one-third of pre-school children are vaccinated against smallpox. The reasons have been discussed in previous reports. The following table gives statistics for 1966:—

Table 23

	<i>Under 1 year</i>	<i>1-4 years</i>	<i>5-14 years</i>	<i>15 plus</i>	<i>Total</i>
Primary vaccinations:					
(a) By Local Authority Staff	65	373	22
(b) By General Practitioners	41	150	49
<i>Total</i>	106	523	71
					260
					960
Revaccinations:					
(a) By Local Authority Staff	—	1	11
(b) By General Practitioners	—	6	37
<i>Total</i>	—	7	331
					374
TOTALS	106	530	119
					610
					1,365

(b) Diphtheria Immunisation

The number of children immunised against diphtheria was 1,539 and a further 614 received reinforcement doses. The following table gives further details:—

Table 24

					Under 5 years	5 years & over	Total
Primary Immunisation:							
(a) By Local Authority Staff	..	..	..	..	990	88	1,078
(b) By General Practitioners ..	..	..	..	..	449	12	461
<i>Total</i>	..	..	..	..	1,439	100	1,539
Booster doses:							
(a) By Local Authority Staff	..	..	..	..	210	254	464
(b) By General Practitioners ..	..	..	..	..	97	53	150
<i>Total</i>	..	..	..	..	307	307	614
TOTALS	..	..	..	..	1,746	407	2,153

(c) Pertussis Immunisation

Some, 1,441 children were given the complete course of pertussis prophylactic, 980 at local authority clinics and 461 by general practitioners.

(d) Tetanus Immunisation

Using tetanus toxoid in combination as triple antigen or combined with diphtheria antigen only, the process of immunisation of all pre-school and school children was continued. 1,441 children received triple antigen and 98 diphtheria-tetanus toxoid. Among 22,900 children under 15 in the Borough, approximately 13,417 have now been immunised against tetanus, or 58.6%. This compares with 57.9% a year ago.

(e) Poliomyelitis Vaccination

Using Oral Sabin Vaccine, 1,677 children under 15 were immunised against poliomyelitis and a further 742 received 'booster' doses.

Table 25

		Under 5 yrs.	5-15 yrs.	16-19 yrs.	20-29 yrs.	Others	Total
Primary vaccinations:							
By Local Authority Staff	..	1,104	32	7	76	52	1,271
By General Practitioners	..	483	59	33	43	67	685
<i>Totals</i>	..	1,587	91	40	119	119	1,956
'Booster' vaccination:							
By Local Authority Staff	..	368	225	10	70	31	704
By General Practitioners	..	92	57	47	41	19	256
<i>Totals</i>	..	460	282	57	111	50	960
TOTAL	..	2,047	373	97	230	169	2,916

SECTION 27. MUNICIPAL AMBULANCE SERVICE

Reference to Table 26 will show that for the first time for some years there was a falling off in the number of patients carried and a less substantial fall in mileage covered. This was due entirely to the fact that the Gateshead Hospital Management Committee took over full responsibility for internal hospital transport at the Queen Elizabeth Hospital. I am indebted to Mr. S. J. Graham, Chief Ambulance Officer, for the following account of the work of the Ambulance Service in 1966, which reflects his unremitting effort to provide an efficient yet economic service to the patient, making use of modern, time-saving and life-saving equipment. At the same time, Mr. Graham is always devoted to the welfare of his staff, to whose loyalty we are indebted:—

“A change in the normal working hours of ambulance drivers had to be met at the beginning of the year under review. The normal working week was reduced from 42 to 40 hours; this coupled with the previously awarded additional leave entitlements clearly necessitated an application for extra staff. Two additional ambulance drivers were appointed, and a junior clerk was added to the establishment to assist with the necessary clerical work.

As anticipated in the report for 1965, a stretcher ambulance was acquired by the Gateshead and District Hospital Management Committee and put into operation in February for the removal of ward-patients within the grounds of the Queen Elizabeth Hospital to and from the various departments, which resulted in an easing of pressure on the Municipal Ambulance Service.

The Ambulance Control, where all messages to and from the service are handled, was re-positioned within the Ambulance Station—the new position affords more spacious accommodation, close supervision of ambulance crews within the station, improved vehicle disposal and a brighter environment for Control Staff.

The existing mobile radio-telephone system, having given lengthy service, was completely renewed and increased by one mobile set; the new equipment, being of the most up-to-date all transistorised units, gives a high performance free from interference, and is completely interchangeable.

More thought could be given to the possible improvement of the present arrangements for the transport of out-patients to and from hospitals within the service area aiming at ensuring that time spent by patients waiting before and after their appointments is kept within reasonable limits.

In March, the Ministry of Health issued Part I of the Report of the Working Party on Ambulance Training and Equipment, which makes many recommendations about the content and organisation of ambulance training—on which further guidance is awaited from the Minister of Health.

Vehicles

Three replacement stretcher ambulances, each of modified chassis—so designed to afford the most comfortable ride possible for stretcher-case

patients—were put into service during summer. Of those replaced two were transferred (as replacements) to Civil Defence duties and the remaining vehicle was disposed of along with the then surplus Civil Defence Training Vehicles. The fitting of two-tone horns for use on calls of an emergency nature and equipping with oxygen-administering supplies was completed on front-line ambulances. The vehicle establishment as at the 31st December, 1966, was as follows:—7 Ambulances, 7 Dual-purpose ambulances, 2 Sitting-case cars and 4 Civil Defence Training Vehicles.

Staff

During the year under review, Mr. N. Marshall, Ambulance Driver, was commended by the Chief Constable of Gateshead for his prompt and courageous action which resulted in the rescue and safe removal of a seriously injured schoolboy from premises which were at that time inaccessible—unfortunately, Mr. N. Marshall left the Ambulance Service for other employment very soon after the incident. Two further drivers left the service for other employment and Mr. J. Scott, Ambulance Driver, retired after an extension of service. Following examination, Mr. C. Smith, Deputy Chief Ambulance Officer, was awarded an Associate Diploma by the Institute of Ambulance Officers, and as the year came to a close three members of the staff began studying for their Graduate Examination by the Institute of Ambulance Officers.

The staff establishment as at the 31st December, 1966, was as follows: Chief Ambulance Officer, Deputy Chief Ambulance Officer, 4 Senior Drivers, 28 Ambulance Driver/Attendants and 2 Clerks.”

Work of Service in 1966

The following summarizes the work of the ambulance service carried out during the year:—

Table 26

	<i>Patients</i>	<i>Other Persons</i>	<i>Journeys</i>	<i>Miles</i>
Transport by Ambulance (accident emergencies included in above)	26,733 (1,678)	5,459	6,616	90,524
Transport by Sitting Case Car (accident emergencies included in above)	2,038 (7)	11	693	21,402
Transport by Dual purpose Ambulance (accident emergencies included in above)	21,843 (231)	16,417	4,882	83,823
Service journeys	—	—	856	7,657
Transport of beds, etc.	—	—	23	158
Midwives transport and transport of Analgesia apparatus	—	—	545	3,922
	50,614	21,887	13,615	207,486

The term “service journeys” is used to cover individual demands where no patients are carried, but only items of equipment. It also includes false calls or journeys undertaken to remove patients who refuse to travel to hospital.

Table 27
Transport Chargeable to Other Authorities

		<i>Patients</i>	<i>Journeys</i>	<i>Miles</i>
Ambulances .. .	.. .	1,004	777	5,804
Sitting case cars .. .	.. .	391	309	6,906
Dual Purpose Ambulances .. .	.. .	1,462	1,145	9,402
		2,857	2,231	22,112

Table 28
Patients carried and Mileage completed since 1949

<i>Year</i>	<i>Patients and other persons</i>	<i>Miles</i>
1949	27,576	149,557
1950	30,117	170,686
1951	29,280	172,806
1952	32,147	173,218
1953	43,702	171,576
1954	44,130	171,436
1955	51,368	173,904
1956	60,498	192,209
1957	60,571	188,152
1958	54,835	177,198
1959	55,831	179,090
1960	59,817	190,468
1961	62,644	193,549
1962	68,563	194,788
1963	67,656	190,545
1964	73,839	201,851
1965	76,647	210,613
1966	72,501	207,486

SECTION 28. PREVENTION OF ILLNESS, CARE AND AFTER-CARE

(a) Tuberculosis

In order to avoid duplication, most of the clinical work of care and after-care of tuberculous patients is detailed in the report of the Chest Physician in Part III of this report. This section will therefore deal only with the purely local authority aspect of this work.

X-ray Examination

The Odelca 100 mm. Unit situated in the former dispensary building within the grounds of Greenesfield House is readily available for the x-ray examination of patients referred by the general practitioners and the local authority medical officers and even for members of the general public to simply walk in. Considerable use, too, is made of this machine for the examination of contacts, but the special categories of expectant mothers and young children are examined elsewhere, namely the Queen

Elizabeth Hospital on Saturday morning for expectant mothers and babies at the Gateshead Children's Hospital by arrangement with the Paediatrician, Dr. R. H. Jackson. The Odelca Unit is used for the examination of positive tuberculin reactors found among the older school children, and it is open at the following times:—

Monday to Friday .. ..	..	..	10.00 a.m. to 12.00 a.m. 2.00 p.m. to 4.30 p.m.
Monday and Thursday .. ..	..	..	5.30 p.m. to 7.00 p.m.

Table 29

Work of Odelca X-Ray Unit, Returns for Year, 1966
(Gateshead Cases)

	No. x-rayed				Referred to Chest Clinic			
	M.	F.	Ch.	Total	M.	F.	Ch.	Total
<i>Referred from:</i>								
Doctors' cases ..	1,012	701	2	1,715	183	72	—	255
School Medical Officers' cases ..	80	13	65	158	4	—	5	9
General Public ..	514	591	1	1,106	47	31	—	78
Industrial and Other Groups ..	848	369	—	1,217	35	14	—	49
<i>Contacts:</i>								
Remote ..	158	193	1	352	5	8	—	13
Domestic ..	34	35	—	69	1	4	—	5
Army intakes ..	—	—	—	—	—	—	—	—
Chest Clinic (known cases recovered, etc.) ..	—	—	1	—	1	—	—	—
<i>Totals</i> ..	2,646	1,903	69	4,618	275	129	5	409

The Newcastle Mass Miniature Mobile Units have continued in the Borough, and the following returns have been supplied by the Chief Clerk at the Unit, in respect of the work done in Gateshead:—

“During 1966 the Newcastle Mobile X-ray Unit, together with the Regional Caravan Unit, operated in Gateshead, x-raying 1,408 persons at Industrial Establishments, and 927 persons during General Public Sessions held at 5 locations. 436 Contacts were also x-rayed during the year. In addition, the Newcastle Static M.M.R. Unit continued to x-ray a number of Gateshead residents working in Newcastle and also undertook the processing of all the films taken by the Gateshead Static Unit at Greenesfield, 5,344 in number.

7 Industrial Establishments were visited, 3 of which were for Contact purposes at the request of Medical Officers of Health and/or Chest Physicians.

Details of work carried out in Gateshead are as follows but do not include 395 Contacts from a school in Felling or an Industrial Establishment at Dunston.

Table 30

Group	No. x-rayed	Referred to Chest Clinic	Tuberculosis	
			Treatment	Supervision
Industrial	1,408	22	1	5
Contacts	437	13	—	1
General Public Sessions	927	27	—	3
<i>Totals</i>	2,772	62	1	9

There were no cases of Bronchogenic Carcinoma found in any of the above groups".

Assistance to the Tuberculous

In 1966 the Chest and Heart Fund continued to be administered for the benefit of the tuberculous. At the end of the year the amount standing to the credit of this fund was £1,147, of which £101 had been collected during the year through the sale of Christmas Seals and from other donations. The fund is available to help people suffering from tuberculosis and other diseases of the chest who are found to need this help, and during 1966 an amount of £82 was disbursed in this way.

In the matter of giving financial help to the tuberculous families the officers of the Assistance Board (now Ministry of Social Security), have given every assistance and have co-operated freely with the local authority officers in seeing that no case of tuberculosis was neglected or suffered as a result of financial stringency.

(b) Chiropody Service

As was forecast in last year's annual report, arrangements were made to increase the number of sessions worked from 10 to 17 weekly. It is pleasing to note that total attendances for treatment increased from 3,883 in 1965 to 5,264 in 1966. The sessions at Greenesfield Clinic were increased from 7 to 10 weekly, Carr Hill Clinic from 3 to 8 fortnightly. Whitehall Road Clinic commenced 1 session weekly from November 9th, 1966. The Clinic at Wrekenton now operates 2 sessions weekly instead of 3 fortnightly. The period between treatments has shortened considerably and patients on average are treated every 9 weeks. Table 31 below gives statistical details for the year. A progressive programme of replacement of equipment was also put in hand and at Greenesfield arrangements were made for the chiropodist to have sole use of a consulting room.

Table 31

		Patients attending for the first time			Attendances (all patients)			Total patients under treatment at end of year		
		M.	F.	Total	M.	F.	Total			
Greenesfield .. ..	..	68	289	357	689	2,775	3,464		1,078	
Carr Hill .. ..	..	33	114	147	245	776	1,021		319	
Wrekenton .. ..	..	16	46	62	185	544	729		192	
Bensham .. ..	..	1	11	12	7	43	50		103	
<i>Totals</i> .. ..	..	118	460	578	1,126	4,138	5,264		1,692	

(c) Provision of Sick-Room Requisites

Table 32 lists the items loaned out during 1966 to patients being cared for in their own homes. These items are loaned at the request of the hospital or family doctor, no charge being made.

Table 32

Bedpans ..	..	..	..	52 occasions
Backrests ..	..	..	..	31 ,,"
Mattresses ..	..	..	..	2 ,,"
Air rings ..	..	..	..	27 ,,"
Rubber sheets ..	..	..	..	47 ,,"
Urine bottles ..	..	..	..	30 ,,"
Bed cradles ..	..	..	..	6 ,,"
Bed cages ..	..	..	..	2 ,,"
Commodes ..	..	..	..	14 ,,"
Wheel chairs ..	..	..	..	26 ,,"
Bedsteads ..	..	..	..	1 occasion
Tripod stick ..	..	..	..	6 occasions
Fracture boards ..	..	..	..	3 ,,"

(d) Convalescent Holiday Treatment

The Local Authority continues to arrange for convalescent holidays for invalids recommended this form of therapy by their own doctors but are unable themselves to procure such treatment.

During 1966, 39 applications were received and dealt with as follows:

*14 cases admitted to Rose Joicey Home, Whitburn
 9 cases admitted to Horn Hall Hospital, Stanhope
 1 case admitted to St. Camillus, Hexham
 4 cases admitted to St. Mary's, Whitley Bay
 11 applications were withdrawn

(*Does not include 3 children who accompanied their mothers)

The cost of the service was £289 0s. 0d., and the sum of £22 11s. 8d. was assessed as recoverable. Actually, £19 5s. 4d. had been paid by the end of the year.

No patients were assessed at the full cost, 12 patients were assessed as liable to pay part of the cost and in 6 cases no charge was made.

No charge was made to the Local Authority for the patients accommodated in Horn Hall and St. Camillus Hospitals.

(e) Prevention of Cervical Cancer

The County Borough of Gateshead does not have a directly controlled service in this field. The Women's Cancer Detection Society, in co-operation with the hospital authorities, runs, among other clinics, a weekly clinic at the Queen Elizabeth Hospital, Gateshead, under the direction of Mr. Stanley Way, F.R.C.O.G. I am indebted to Mr. Way for permission to quote from his Annual Report to his Society, which covers the period April 1966 to April 1967.

"Since my last Annual Report of May 1966, the Society's work in the field of vaginal cytology has proceeded in much the same way as in the previous year.

There was a slight increase in the number of women attending the Clinics, the total being 7,702 during the year 1966/67, as compared with 7,124 during the year 1965/66 and the number of positives was 83 this year as compared with 73 in the previous year.

The following table is an analysis of the number of patients attending and the incidence of unsuspected positives by age groups:—

Table 33
1st April 1966 to 31st March, 1967

<i>Age</i>	<i>Patients</i>	<i>Unsuspected Positives</i>	<i>Incidence</i>
Under 21 ..	45	—	0: 43
21-30 ..	1,696	11	1:154
31-40 ..	2,972	27	1:110
41-50 ..	2,014	34	1: 59
51-60 ..	843	9	1: 94
61-70 ..	128	2	1: 64
Over 70 ..	4	—	0: 4
	7,702	83	1: 94

As I indicated in my last Report, our proposed increase in fees to Doctors and Nurses who run our Clinics has resulted in a rise in the cost of the collection of each smear. This is now approximately 12/-d. as compared to 6/-d. in the previous year but the fees we now pay are entirely realistic.”

(f) Venereal Diseases (Contact follow-up)

In connection with the work of the special clinic at the Newcastle General Hospital, the health visiting service is used to trace contacts and follow up defaulters. The following is a summary of the year's work:—

Table 34

Contacts followed up ..	..	3
Defaulters followed up ..	..	20
Total visits paid ..	..	49

(g) Problem Families

The multiple difficulties of this numerically small proportion of the population again continued to absorb an undue share of the energy and financial resources of the social service departments. The co-ordination committee met, albeit irregularly, at the beginning of the year and only in response to a sudden deterioration in the situation of the family concerned, as for example eviction. It was generally agreed that this was salvage work rather than prevention.

Accordingly, it was agreed by the heads of social service departments plus the Deputy Town Clerk acting as Chairman, that in order to undertake preventive work (a) it was essential to produce a list of problem

or potential problem-families, and (b) that regular fortnightly meetings of the co-ordination committee be held at which a proportion of cases would be reviewed from the main list as well as crisis cases. These steps were put into effect during the year.

Additionally, in view of the heavy case load being carried by existing staff and the virtual impossibility of undertaking preventive work with certain families with intractable problems, it was decided to recommend to the Health Committee, and through that committee to the other social service committees, the appointment of special problem family case-workers. A suitable sum was included in the estimates to cover this expenditure and more will be reported of this move in the Annual Report for 1967.

Finally, as a result of council policy, together with the receipt of Circular 5/66 from the Ministry of Health with regard to family planning, negotiations were successfully carried out with the Family Planning Association to open a weekly session at Greenesfield Clinic, the project receiving the financial support of the Council. The first clinic was held in October, 1966. While family planning is and should be available to all married couples there is no doubt that in the case of many problem families it is of the utmost importance. Once the physical strain of an annual pregnancy can be lifted from the mother, one can begin to teach her to cope with her family. Family planning by methods approved by Catholics was also available at the Catholic Marriage Advisory Council in Newcastle, and plans were in hand to extend these facilities to Gateshead during 1967.

(h) Health Education

During 1966, at a time of great financial stringency the Health Committee and Council took a courageous step in deciding to appoint a Health Education Organiser. It was appreciated that it is not enough to provide a good environment and that in the last analysis the community can only obtain good health by thinking about it; by learning what to do and then resolving to do it. The successful applicant was Mr. R. R. Roe, a State Registered Nurse and former Home Safety Education Officer. Having appointed a Health Education Organiser, we were enabled to plan the Department's health educational activities on a rational and organised rather than a haphazard basis. I am indebted to Mr. Roe for the following report:—

“During 1966, Health Visitors, Midwives, Public Health Inspectors, etc., dealt with a vast number of routine problems presented to any Public Health Department, and every opportunity was taken when dealing with this work in advising the public in all aspects of Health Education. Carefully selected booklets, leaflets, posters, etc., were distributed throughout the year.

Seven Mothers' Clubs based on clinics proved to be of great value as venues for instruction, training and discussion on all aspects of health care; this, combined with social evenings, has proved most successful.

In schools, careful planning is given to children's academic subjects but it has been most encouraging to see that Health Education is being

allocated some of this valuable time. Many of the schools set aside special periods for an intensive Dental Hygiene Campaign in October, and are now accepting this subject periodically. Staff of the department were afforded the privilege of speaking to many of the children on numerous other health subjects. A start was made with the subject of Personal Relationships, and with the aid of films a programme is being offered to schools in 1967. There is a need for good health education to the young members of the community to achieve a high level of understanding for their future as good, healthy citizens.

A Health Education Service booklet was compiled and circulated to all clubs and organisations within the Borough. This booklet gives a list of Health Education Topics on which the Health Department will supply a speaker, visual aids, etc., for meetings. It is anticipated this scheme will develop, widen the scope for propaganda and create group discussions and interest on many health problems.

Intensive campaigns were planned for 1967 and every effort will be made to work to a set programme—devoting 1 or 2 months to each special campaign. A set programme, with all sections co-operating on one theme in unison has proved to give public impact. It was most encouraging to receive enquiries for Health Education material from local factories, etc., thus denoting an active interest in preventive measures rather than curative.

It is a pleasure to record the valuable assistance received throughout the year from General Practitioners, the Director of Education and staff, many other officials and the general public".

(i) Fluoridation of Water Supply

During the year negotiations proceeded in the matter of fluoridation of the water supply in the town, and the financial policy was agreed. It is expected that fluoridation of the water supply will begin about the autumn of 1967.

SECTION 29. HOME HELP SERVICE

At the end of the year the staff consisted of one Home Help Organiser, an Assistant Organiser and one full-time clerk, 111 part-time home helps and one full-time (66.4 full-time equivalent). In view of the continued increase in demand for the service, it has been agreed to increase this for the year 1967-68 by 4 full-time equivalent home helps.

Expenditure on the service in 1966-67 was estimated at £27,925 and receipts at £1,480, giving a net expenditure of £26,445 compared with £24,280 in 1965-66. Statistics for the service will be found in Tables 35 and 36.

I am indebted to Miss Cahill, Home Help Organiser, for the following report on the service. Miss Cahill took up her post on 3rd October on the retirement of Mrs. Maitland:—

"At the present time over 700 cases are attended each week by the home helps. More than 500 of these are between the ages of 80-95, and each household receives a share of the service according to their need and the availability of staff.

Table 35

HOME HELP SERVICE, 1966

Month	Maternity				Acute				Chronic				Tuberculosis				<i>Totals</i>
	Part time	Full time	Total cases	Total hours attended	Part time	Full time	Total cases	Total hours attended	Part time	Full time	Total cases	Total hours attended	Part time	Full time	Total cases	Total hours attended	
January	..	—	4	150	17	—	17	168	653	—	653	7,236	1	—	1	12	675
February	..	—	2	102	18	—	18	156	659	—	659	7,752	1	—	1	12	680
March	..	—	2	72	17	—	17	96	675	—	675	8,790	1	—	1	12	695
April	..	—	3	144	17	—	17	132	675	—	675	7,248	2	—	2	18	697
May	..	—	3	132	22	—	22	164	693	—	693	7,656	2	—	2	12	720
June	..	—	2	108	27	—	27	192	690	—	690	8,484	2	—	2	12	721
July	..	—	5	228	30	—	30	240	674	—	674	7,428	2	—	2	12	711
August	..	—	5	186	22	—	22	168	687	—	687	6,336	2	—	2	6	716
September	..	—	4	150	12	—	12	90	694	—	694	7,512	—	—	—	—	710
October	..	—	3	120	9	—	9	86	693	—	693	6,175	—	—	—	—	705
November	..	—	4	217	3	—	3	24	684	—	684	9,122	—	—	—	—	691
December	..	—	9	336	2	—	2	32	691	—	691	8,845	—	—	—	—	702

Table 36

	Cases on books 1.1.66	New cases	Total cases helped during 1966	Total hours given
Maternity	..	2	35	37
Acute	..	14	57	71
Chronic	..	632	251	883
Tuberculosis	..	1	1	2
<i>Totals</i>	..	649	344	993
				96,173

The request for help may be made by the householder, doctor, midwives, nurses, health visitors, etc. With the request some indication is given as to the reason for which help is required and upon this will depend the urgency of the case. The aged and chronic sick may require help indefinitely for perhaps 2, 4 or 6 hours per week. Bedridden people, with no other help or assistance, will require more. In a word, help is allocated according to the needs of the case.

Visiting plays a very important part in the efficiency of the Home Help Service. The elderly are visited every month by the Organiser and her assistant and any changes are reported".

MENTAL HEALTH ACT, 1959

Mental Health Section

The staff of this section showed no change from the previous year, consisting of three male mental welfare officers and one female. Liaison with the consultants at St. Mary's Hospital, Stannington, was not perhaps as close as it might be. It is felt that the lack of highly trained staff in the local authority department is a handicap here and consideration is being given to improving this position. Regular discharge reports are received from the hospital, and in some cases contact was maintained with the psychiatric social worker. The work of the section is not, of course, confined to the mentally ill but extends to the subnormal. Excellent co-operation was maintained with Drs. Mouat and Murray of Prudhoe and Monkton Hospital, to whom we are indebted. Dr. Murray continued his practice of holding regular monthly sessions here at Greenesfield Health Centre, where cases, both adult and children, are seen by him jointly with the mental welfare officer concerned.

Liaison with Voluntary Bodies

So far as handicapped children are concerned, the local branch of the organisation of parents is represented on the mental welfare sub-committee and the National Society for Mentally Handicapped Children continues to function through its Newcastle Branch, which is in close touch with this department.

Work of the Department

Mental Illness

Table 37

	1966			1965		
	<i>M.</i>	<i>F.</i>	<i>Total</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>
No. of patients referred to Department	..	150	205	355	175	224
Admitted to St. Mary's Hospital	155	192	347	168	205
Of these, admitted for the first time	—	—	116	—	—
<i>Total number of visits</i>	—	—	1,206	—	—
						1,200

Table 38
Particulars of Admissions through Mental Health Service and Other Relevant Data (St. Mary's Hospital)

		<i>M.</i>	<i>F.</i>	<i>Total</i>
(a) Admitted informally ..		123	153	276
(b) Admitted for observation ..		32	39	71
Of these:—				
(i) ultimately detained ..		7	9	16
(ii) made informal ..		25	30	55
(c) Admitted as detained patients ..		—	—	—
		187	231	418
No. of these discharged in 1966 ..		132	142	274
No. who died in 1966 ..		8	9	17

Mental Subnormality

Table 39
New cases referred to the Department, 1966

		<i>M.</i>	<i>F.</i>	<i>Total</i>
Referred by Education Authority:				
(a) under S.57 of Education Act, 1944 ..		2	3	5
(b) informally at school leaving ..		6	4	10

Table 40
Cases at Home under Supervision of the Department (as at 31.12.66)

		<i>M.</i>	<i>F.</i>	<i>Total</i>
Attending Junior Training Centre ..		15	41	56
Attending Senior Training Centre ..		34	—	34
Supervised at Home (under 16) ..		18	27	45
Supervised at Home (over 16) ..		99	90	189
<i>Totals</i>		166	158	324
Requiring urgent admission to Hospital:				
Under 16		4	3	7
Over 16		1	2	3

Table 41
Subnormal persons in Institutions (as at 31.12.66)

		<i>Under 16</i>		<i>Over 16</i>		<i>Total</i>		
		<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>
1. In places of safety ..	..	—	—	4	4	4	4	8
2. Detained in Institutions ..	..	—	—	22	28	22	28	50
3. In Institutions (informally) ..	..	15	15	70	84	85	99	184
<i>Totals</i>		15	15	96	116	111	131	242

TRAINING CENTRES

1966 was a year of impatience for the staff of the existing training centres. The new Junior Training Centre was in course of erection (now opened), and the building of the new Senior Training Centre was scheduled to start early in 1967. The old buildings would then be abandoned.

At the same time the Health Committee was re-considering its policy towards staffing the new centres and concluded that as far as possible trained assistant supervisors should be employed. To this end the following steps were taken:—

- (1) It was decided that as far as possible new staff recruited for the Junior Training Centre should be trained. One such person, Miss McBriar, was taken on during the year (N.A.M.H. Certificate).
- (2) It was decided that existing staff should, where possible, be seconded to the one-year training course at Newcastle on full pay, and Mrs. M. Taylor left to take up the course in September. At the same time, Mr. Herdman was seconded to the one-year course for supervisors of adult subnormal persons held at Durham, also on full pay. The absence of these staff has, of course, thrown a burden on to those left behind, to whom we are indebted. This process of secondment will continue until all suitable staff are trained.
- (3) During the year we also recruited Miss Morgan as a Student Assistant Supervisor. Miss Morgan was selected to go (on a further education grant from her home authority, Tynemouth), to Manchester in September 1967 for a full two-year course for teachers of the mentally handicapped. She will be under no obligation to return to us, but it is felt by the Gateshead authority that by taking on such students we are making a contribution to a national problem.

Old Fold Junior Training Centre

I am indebted to Mrs. Moore, Supervisor, for the following statistics and comments:—

Table 42
Admissions and Discharges

	<i>Under 16 years</i>		<i>Over 16 years</i>		<i>Total</i>
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	
No. of Trainees admitted to the Register during 1966	1	4	—	5
No. of Trainees removed from the Register during 1966	—	3	2	8
No. of Trainees on Register, December, 1966	15	22	1	54

Table 43
Reasons for Discharge

Transferred to South Close Adult Centre	..	..	2
Transferred to Prudhoe and Monkton Hospital	..	..	2
Transferred to Hostel in Newcastle	..	..	1
To stay at home .. .. .. .. ..	..	..	1
Death .. .. .. .. ..	..	..	1
To live in Canada .. .. .. .. ..	..	..	1

Staff

In addition to changes detailed above, Mrs. J. M. Taylor, Assistant Supervisor, left the Centre in July, 1966 (replaced by Miss McBriar).

Mrs. Dent (Cook), retired in July, 1966, and Mrs. Barnes was promoted to Cook. Mrs. Murray then joined the staff as Assistant Cook in September.

Study Day

A Study Day was held at Prudhoe and Monkton Hospital in July. The staff found it very interesting. Instead of Discussions, Specialists in the Drama, Physical Education, Music and 'Three R' fields were invited to give lessons in which we could participate. This group work was very informative, and has proved useful to us all in the Centre. We are indebted to the staff of the Hospital for an extremely pleasant day.

Activities

The Centre welfare fund financed trips to the zoo, the pantomime and the seaside.

Billy Smart's Circus extended an invitation to the Parents' Association for Mentally Handicapped Children to attend one of their performances. They kindly allowed the Centre to use this invitation, and provided tea and transport to an evening performance.

The Health Committee provided money for a Sports' Day and Christmas Party.

A concert was performed in April, and a Presentation made to Dr. Bainbridge. This took the form of Songs from the Shows, a reminder of many pleasant times when she was our guest at Christmas Pantomimes. The Sale of Work was held in November and the children performed a Nativity Play at Christmas. The Mayor and Mayoress of Gateshead, other Civic Guests and parents and friends were invited."

South Close Adult Training Centre

In the absence of Mr. Herdman, Manager of the Centre, on a full-time training course since September, 1966, I am indebted to Mr. C. Marr, Craftsman, for the following statistics:—

Table 44

Admissions and Discharges

No. of Trainees on register, January, 1966	33
No. of Trainees admitted to register during 1966	5
No. of Trainees removed from register during 1966	8
No. of Trainees on register December, 1966	30

Table 45

Reasons for Discharge

Placed in employment	4
Left on own accord	4

In the anticipated absence of Mr. Herdman, together with the opening of a new centre we have concentrated on a holding operation as far as the programme for the trainees is concerned. Dr. Eustace has been attached as medical officer to the centre and has taken a particular interest in the trainees.

HEALTH SERVICES CLINICS AND FACILITIES

The following is a list of Clinics in the area with a summary of the Services provided:—

*Greenesfield House and Health Centre, Mulgrave Terrace .. . . . .	..	(a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k) and (m).
Chest X-ray Unit (Grounds of Greenesfield House) .. . . . .	..	(l).
Gateshead District Nurses' Home, Coatsworth Road .. . . . .	..	(a), (b), (g), (h) and (k).
Low Fell Presbyterian Church Hall, Denewell Avenue .. . . . .	..	(a), (g), (h) and (m).
Moore Street Methodist Church Hall, Moore Street .. . . . .	..	(a), (g) and (h).
*Wrekenton Health Centre, Springwell Road .. . . . .	..	(a), (c), (d), (f), (g), (h), (i), (k) and (m).
*Carr Hill Health Centre, Carr Hill Road .. . . . .	..	(a), (b), (c), (d), (g), (h), (i) (k) and (m).
*Lobley Hill District Clinic, Lobley Hill .. . . . .	..	(a), (c), (g), (h), (k) and (m).
Old Fold Centre, Old Fold Road .. . . . .	..	(a), (g) and (h).
*Bensham District Clinic, Whitehall Road .. . . . .	..	(a), (g), (h), (i), (k) and (m).
*Teams District Clinic, Northumberland Street .. . . . .	..	(a), (g), (h), (j), (k) and (m).

*Denotes permanent Health Services Clinic Buildings

KEY:—

- | | |
|-------------------------------------|--------------------------------|
| (a) Child Welfare | (h) Welfare Foods |
| (b) Antenatal | (i) Chiropody |
| (c) Minor ailments | (j) Mothercraft and Relaxation |
| (d) Dental | (k) Evening Clubs for Mothers |
| (e) Orthopaedic | (l) Chest x-ray |
| (f) Ophthalmic | (m) Hearing Session |
| (g) Vaccination and
Immunisation | |

Note: Dates and times of the various sessions can be obtained from the Health Visitor at the nearest Health Services Clinic.

PART III

PREVENTION AND TREATMENT OF DISEASE

A. INFECTIOUS DISEASES

The following summary presents the information relating to the prevalence of infectious diseases as known to the Health Department in 1966:—

Table 46

Diseases	Cases notified or otherwise known	Removed to isolation hospital	Corrected No. of cases	Deaths	Deaths in isolation hospital
<i>Notifiable</i>					
Scarlet fever ..	.. 49	3	49	—	—
Whooping Cough ..	.. 226	9	224	—	—
Diphtheria —	—	—	—	—
Measles ..	.. 1,148	13	1,144	—	—
Pneumonia ..	.. 99	78	100	—	12
Meningococcal Infection ..	.. 2	2	2	—	—
Poliomyelitis:					
Paralytic —	—	—	—	—
Non-paralytic —	—	—	—	—
Acute Encephalitis:					
Infective ..	.. 9	9	10	—	—
Post Infective ..	.. 1	1	1	—	—
Dysentery ..	.. 57	4	57	—	—
Ophthalmia Neonatorum —	—	—	—	—
Puerperal Pyrexia ..	.. 2	1	2	—	—
Enteric Fever —	—	—	—	—
Erysipelas ..	.. 6	3	6	—	—
Scabies* ..	.. 334	3	331	—	—
Food Poisoning ..	.. 7	—	7	—	—
Tuberculosis:					
Respiratory ..	.. 50	—	50	—	—
Meninges & C.N.S. —	—	—	—	—
Other ..	.. 10	2	10	—	—
Infective Hepatitis† ..	.. 102	8	101	—	1
Paratyphoid fever —	—	—	—	—
Malaria ..	.. 2	2	2	—	—
<i>Non-Notifiable</i>					
Pemphigus Neonatorum —	—	—	—	—
Glandular fever ..	.. 5	5	—	—	—
Chicken Pox ..	.. 2	2	—	—	—
Mumps ..	.. 2	2	—	—	—
Rubella ..	.. 3	—	—	—	—
Gastro-enteritis ..	.. 24	23	—	—	—
Dysentery carriers ..	.. 7	—	—	—	—
Salmonella carriers ..	.. 4	—	—	—	—
Ringworm:					
Scalp —	—	—	—	—
Body ..	.. 6	—	—	—	—

*Notifiable by Local Regulation.

†Notifiable by Local Regulation as from 1.3.62.

During 1966, the heavy incidence of measles continued, following the pattern of the previous two years. There was also a considerable rise in the incidence of pertussis as also of scabies and hepatitis. These will be referred to later in some detail. As far as diphtheria and poliomyelitis are concerned, it is pleasant to be able to record another case-free year. The fall in the number of cases of food-poisoning is noteworthy. The two cases of malaria were the wife and child of an immigrant doctor at a local hospital.

Notifiable Diseases

Scarlet Fever

49 cases were notified, similar to the previous year. Of the 49 cases only 3 required removal to the isolation hospital. Fortunately, the disease continues to occur in a mild form.

Diphtheria

There has been no case of diphtheria in the Borough since 1951, though it is necessary to maintain a constant state of preparedness against recrudescence by means of immunisation (see page 26).

Whooping Cough

There were 224 cases notified (57 in 1965), of which 9 were removed to hospital. While the increase is the reflection of a national picture it is noteworthy that efforts to isolate the pertussis organism from notified cases were singularly unsuccessful.

Measles

Measles was of fairly high prevalence throughout 1965 and 1966. The total of cases in 1966 was 1,144, but fortunately there were no deaths.

Meningococcal Infections

There were only 2 cases of this disease which were diagnosed in hospital where under treatment they made a prompt recovery.

Poliomyelitis and Other Virus Infections of the Nervous System

11 patients were admitted to hospital as possible cases of infective encephalitis. Of these, one, an infant of 5 years, was found to be suffering from mumps encephalitis. The remaining cases, all in children, were all clinically similar and occurred at the same time as a considerable number of cases of Echo-virus encephalitis from other parts of South Tyneside. In only one Gateshead child was Echo-virus isolated, but Dr. Paxton is in little doubt that the remaining cases were instances of the same infection. Fortunately all made a good recovery.

Dysentery

57 cases of dysentery were verified in the Borough, of which 55 were cases of Sonne Dysentery coming from 33 families and 2 cases of Flexner Dysentery from 2 families. Fortunately, both varieties were mild.

Erysipelas

This disease was restricted to 6 cases, of which 3 were admitted to hospital.

Enteric Fever

No case of enteric fever came to light during the year.

Scabies

This disease has been notifiable in Gateshead since 1st March, 1944.

Table 47

Number of cases of Scabies coming to the attention of the Health Department (By notification from 1/3/1944)

<i>Year</i>	<i>Cases</i>	<i>Year</i>	<i>Cases</i>	<i>Year</i>	<i>Cases</i>
1938	279	1948	109	1958	52
1939	388	1949	38	1959	59
1940	701	1950	30	1960	87
1941	921	1951	25	1961	45
1942	1,434	1952	12	1962	73
1943	1,447	1953	15	1963	205
1944	1,233	1954	16	1964	180
1945	896	1955	22	1965	291
1946	605	1956	46	1966	331
1947	276	1957	28		

331 cases of scabies came to light during 1966 as compared with 291 cases in the previous year. Of these patients, 95 were adults, 167 were school children and 69 younger children. As a result of the disturbing rise since 1963 consultation took place with Dr. Parkin, Consultant Dermatologist at the Queen Elizabeth Hospital, and also with the Local Medical Committee, and the following measures were adopted in August. Firstly, family doctors were sent detailed treatment instruction leaflets to hand to patients. Secondly, we pointed out to family doctors that facilities for treatment were available at the Greenesfield Clinic and, in fact, 239 persons were treated during the year. Thirdly, Dr. Parkin offered to see any patient who did not respond rapidly to treatment. All cases notified were already being visited.

It is not possible to record a dramatic response to these measures. The recrudescence of scabies is part of a national phenomenon, the extent of which is, except in Gateshead, unknown. The reasons for the recrudescence seem equally obscure and have been the subject of lengthy correspondence in the medical journals.

Infective Hepatitis

This disease is notifiable locally, and during the year 101 cases came to light, particulars of which are given in the following table, compared with 85 cases in 1965. The methods of spread are not clear. The infectivity includes 4 familial infections, two of 2 school children, one of 3 school children and the other of 4 children of school age.

Table 48*Age in Years*

	1-4	5-9	10-14	15-19	20-34	35-44	45-64	65 and over	Total
Totals	14	51	13	15	4	2	2	—	101

B. FOOD POISONING, TYPHOID AND PARATYPHOID

There were only 7 cases of food poisoning notified in 1966 compared with 23 cases in 1965. *Salmonella typhi-murium* was isolated in all cases and there were 4 symptomless contact carriers. No case of typhoid or para-typhoid fever occurred during 1966. It is interesting to note the decline in food-poisoning cases in the last few years, and the relative absence of the more exotic varieties of *Salmonella*.

Non-Notifiable Disease

The incidence of glandular fever, chickenpox, mumps and ringworm was sporadic. There were 3 cases of rubella, and 24 cases of gastro-enteritis of a non-specific nature came to light.

C. TUBERCULOSIS

**Report of Dr. E. L. Feinmann
Consultant Chest Physician
Chest Clinic, Whinney House Hospital**

The last year has been one of the most satisfactory on record as far as tuberculosis work in Gateshead is concerned. There has been a considerable decrease in the number of new cases, and the intensive supervision outlined in my recent report in the Newcastle Medical Journal seems to be paying good dividends. Our current cases are undoubtedly being more closely supervised and having more satisfactory treatment. There are now only 4 known cases of resistant tuberculosis on the register and the number of relapses seen during this year (8 in number) has not been as alarming as in previous years, and some of them were not unexpected.

The co-operation of the health department, particularly the health visitors, with this clinic has reached a very high standard, for which I am very grateful.

Contacts

During the last year, 997 contacts were examined, and 345 contacts were vaccinated with B.C.G.

Source of New Cases 1966

Referred by General Practitioner:	(1) To static M.M.R. . .	8
	(2) Directly to clinic . .	17
Referred from General Hospitals ..	.. . . .	17
Contacts . .	.. . . .	12
Regional Mass X-ray ..	.. . . .	3
School examinations ..	.. . . .	1
Pre-employment examinations ..	.. . . .	2
		60

Statistical Information

New notifications with morbidity rates during the recent past are as follows:—

Table 49

(Deaths in parenthesis)

Year	Total	No. of New Cases				Incidence rates per 1,000 population			
		T.B. +ve	T.B. —ve	Both	Non- Pulmonary	P.T.	O.T.D.	All Forms	
1955	..	194(25)	61	105	166(23)	28(2)	1.42	0.24	1.66
1956	..	262(20)	94	148	242(18)	20(2)	2.1	0.17	2.27
1957	..	143(20)	59	66	125(19)	18(1)	1.12	0.16	1.28
1958	..	132(23)	59	62	121(22)	11(1)	1.11	0.1	1.21
1959	..	140(21)	58	66	124(19)	16(2)	1.136	0.146	1.28
1960	..	131(6)	42	74	116(6)	15(—)	1.068	0.138	1.2
1961	..	99(7)	44	51	95(7)	4(—)	0.919	0.038	0.95
1962	..	82(15)	35	40	75(13)	7(2)	0.727	0.067	0.79
1963	..	85(14)	49	27	76(13)	9(1)	0.741	0.087	0.828
1964	..	101(6)	37	47	84(5)	17(1)	0.825	0.166	0.99
1965	..	85(10)	40	30	70(9)	15(1)	0.699	0.147	0.846
1966	..	60(10)	30	15	45(10)	15	0.444	0.148	0.592

Death rates for Gateshead were:—

P.T.	..	..	..	..	..	0.098 per 1,000
O.T.D.	..	..	..	..	..	.. Nil

These rates compared with those of England and Wales are as follows:—

P.T.	..	..	..	..	..	0.043
O.T.D.	..	..	..	..	..	0.005
All forms	..	..	..	..	..	0.048

The following table shows the total deaths and death rates for the past 12 years in Gateshead:—

Table 50

Year	P.T.	O.T.D.	Total	P.T.	O.T.D.	All forms	
1955	..	23	2	25	0.203	0.017	0.22
1956	..	18	2	20	0.16	0.017	0.177
1957	..	19	1	20	0.171	0.009	0.18
1958	..	22	1	23	0.2	0.009	0.209
1959	..	19	2	21	0.174	0.19	0.193
1960	..	6	—	6	0.055	—	0.055
1961	..	7	—	7	0.067	—	0.067
1962	..	13	2	15	0.126	0.019	0.145
1963	..	13	1	14	0.1267	0.0097	0.136
1964	..	5	1	6	0.0491	0.0098	0.0589
1965	..	9	1	10	0.0886	0.0098	0.098
1966	..	10	—	10	0.098	—	0.098

The age distribution of new cases and deaths is given in the appended table:—

Table 51

Age periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0- 1	..	—	—	—	—	—	—	—
1- 5	..	3	—	2	—	—	—	—
5-10	..	1	1	1	3	—	—	—
10-15	..	2	1	—	1	—	—	—
15-20	..	—	2	1	—	—	—	—
20-25	..	5	2	—	1	—	—	—
25-35	..	4	2	—	1	—	—	—
35-45	..	5	4	—	1	1	—	—
45-55	..	3	1	2	—	1	—	—
55-65	..	3	2	—	—	4	—	—
65 and over	..	4	—	1	1	3	1	—
<i>Totals</i>	..	30	15	7	8	9	1	—

Statistical Information

Table 52

	Respiratory			Non-Respiratory			Total			Grand Total	
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.
A. 1. No. of notified cases of T.B. on clinic register on 1st Jan., 1965	367	227	58	11	29	10	378	256	68	702	
2. Transfers from clinics under H.M.C.'s or B.G.'s during the year	3	—	—	—	—	—	3	—	—	—	3
3. Children transferred to adults during the year	..	..	—	1	—	1	—	—	1	1	—
											2
B. Number of new cases diagnosed as T.B. during the year:—											
1. T.B. minus ..	..	4	4	7	3	3	7	7	7	14	28
2. T.B. plus ..	..	20	9	1	1	1	—	21	10	1	32
Totals of A. & B.	..	394	241	66	16	33	17	410	274	83	767
C. Number of cases in A. & B. written off clinic register during the year.											
1. Recovered ..	..	15	12	12	3	1	—	18	13	12	43
2. Died ..	..	19	3	—	—	—	—	19	3	—	22
3. Removed to other H.M.C. or B.G. Clinic	6	5	—	—	1	—	6	6	—	—	12
4. Children transferred to adults during the year.	..	—	—	1	—	—	1	—	—	2	2
5. Other reasons.	..	—	—	—	—	1	—	—	1	—	1
Total of 'C'	..	40	20	13	3	3	1	43	23	14	80

	Respiratory			Non-Respiratory			Total			Grand Total		
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
D. 1. Number of notified cases of T.B. on clinic register on 31.12.1966	354	221	53	13	30	16	367	251	69	687		
2. Number of above known to have had a positive sputum within the preceding 12 months. . .	26	9	2	—	—	—	26	9	2	37		
E. (a) Number of persons (excluding transfers) first examined during the year. . .	—	—	—	—	—	—	—	3126	2212	701	6039	
(b) Number of those in (a) who attended as contacts who were:												
1. diagnosed as tuberculous. . .	—	1	12	—	—	—	—	1	12	13		
2. Not tuberculous. 170	186	621	—	—	—	—	170	186	621	977		
3. Not determined (as at 31st December, 1966). . .	3	4	—	—	—	—	3	4	—	7		

Number of attendances at the clinic including contacts 10,602

Finally, Whinney House Chest Clinic held 622 sessions during the year. At these Clinics, 1,761 new patients were examined and total attendances were 10,602.

E. L. FEINMANN,

Consultant Chest Physician

D. VENEREOLOGY

I am indebted to Dr. W. V. Macfarlane, Physician-in-Charge, Ward 34, Newcastle General Hospital, for the following statistics and comments relating to Gateshead patients:—

“The statistics tabulated below relate to patients residing in Gateshead who attended the Department of Venereology in Newcastle General Hospital during the year 1966.

	Total	Males	Females
<i>New Registrations:</i>			
Gonorrhoea . . .	26(42)	16	10
Non-gonococcal Urethritis	40(42)	40	—
Syphilis . . .	1(6)	1	—
Other conditions . . .	61(52)	42	19
Reassurance . . .	69(83)	46	23
	197(225)	145	52

(Figures in brackets relate to 1965)

Generally speaking, one expects the trends of the various diseases to be similar to those for Tyneside and for England and Wales. In the year 1966 this was true only for non-gonococcal urethritis; gonorrhoea showed a decrease of 38% compared with a general increase in England and Wales, (Tyneside showed a 14% increase). The incidence of syphilis has shown a countrywide decline in recent years but not to the extent which the Gateshead figures suggest. I feel that it is reasonable to assume that more than one person acquired syphilis in Gateshead during 1966, otherwise one must assume that the incidence of syphilis in Gateshead is less than one seventh of that in the rest of the country! One must therefore exercise care in interpreting these figures.

Twenty-eight per cent of the men and women attending were found to have venereal disease. Of the females infected with gonorrhoea, it should be noted that half were wives who had been infected by unfaithful husbands.

The decrease in the total number of new patients, 197 compared with 225 in the preceding year, would be encouraging were it not for the suspicion about the statistics relating to gonorrhoea and syphilis".

PART IV

WELFARE AND OTHER SERVICES

(Including the Reports of the Director of Welfare Services, Mr. J. A. Armstrong, and the Children's Officer, Mr. E. B. Roycroft).

A. WELFARE SERVICES (Report by Director of Welfare Services)

WELFARE SERVICES COMMITTEE

Chairman: ALDERMAN A. CROSSLEY

Vice-Chairman: COUNCILLOR C. E. CARPENTER

ALD.	COLLINS
„	WHEATLEY
COUN.	ATKINSON
„	BAINBRIDGE
„	CARR
„	CHAPPLE
„	CHARLTON
„	COLLIGAN
„	O'KANE
„	ROBSON

COUN.	COLLINS
„	FORSTER
„	HENRY
„	MRS. HENRY
„	JOHNSON
„	MRS. LISTER
„	McCLURE
„	McCONNELL
„	REED
„	TURNBULL
COUN.	MRS. WHEATLEY

Co-opted Members

MRS. L. PATTERSON
MRS. H. STOREY

MR. J. CRANN
MRS. E. HARLAND

MRS. J. P. ROBSON

SUB-COMMITTEES

General Purposes

THE CHAIRMAN
THE VICE-CHAIRMAN
COUN. ATKINSON
„ CARR
„ FORSTER
„ MRS. HENRY

COUN.	HENRY
„	MRS. LISTER
„	DR. LUSTMAN
„	McCONNELL
„	ROBSON
„	MRS. WHEATLEY

Accommodation Supervisory

Comprising the same members as the General Purposes Sub-Committee

Handicapped Persons

THE CHAIRMAN
THE VICE-CHAIRMAN
COUN. ATKINSON
„ CARR
„ HENRY

COUN.	DR. LUSTMAN
„	MRS. LISTER
„	ROBSON
„	WATSON

Co-opted Member — MISS MCKINLEY

Joint Consultative

THE CHAIRMAN
THE VICE-CHAIRMAN
COUN. MRS. LISTER

COUN.	FORSTER
„	HENRY
„	ROBSON

Special

THE CHAIRMAN

THE VICE-CHAIRMAN
COUN. DR. LUSTMAN

STAFF OF THE WELFARE SERVICES DEPARTMENT

Director of Welfare Services Mr. J. A. Armstrong, A.I.S.W., M.W.I.

Administrative and Welfare

Chief Clerk	Mr. M. McKenna
Social Welfare Officers:	
(Aged Persons)	Mr. R. Johnston (Declaration of Recognition of Experience)
(Aged Persons)	Mrs. R. Dacey
(Blind Persons)	Miss J. Weatherston (Declaration of Recognition of Experience and Home Teachers Certificate)
(Deaf Persons)	Mr. R. Hall (Deaf Welfare Examination Board Certificate and Declaration of Recognition of Experience)
(Handicapped Persons)	Mr. G. Sweeney (Deaf Welfare Examination Board Certificate and Declaration of Recognition of Experience)
Aged Persons Organiser	Mr. R. Eager
Assistant Welfare Officer	Mr. J. Skelton
Assistant Welfare Officer	Mrs. M. Carruthers
Assistant Welfare Officer	Mr. C. Briggs
Administrative Assistant	Mr. J. Coates
Shorthand Typist	Miss J. Rutherford
Clerk/Copy Typist	Miss B. Lowes
Telephonist	Miss Ridley
Clerk/Copy Typist	Miss M. Foster
Civil Defence	Mrs. B. E. Willey
Messenger	Mr. D. McCullough

Residential Homes

<i>Fountain View Aged Persons' Hostel</i>	
Superintendent Matron	Miss K. M. Moore, S.R.N., S.C.M.
<i>Beacon View Aged Persons' Hostel</i>	
Cook/Housekeeper	Mrs. M. Hume
<i>Birchholme Aged Persons' Hostel</i>	
Cook/Housekeeper	Mrs. Johnston
<i>Holly House — Temporary Accommodation</i>	
Caretaker	Mr. J. Bewick
Assistant Caretaker	Mrs. N. Bewick

Handicraft Centre

Holly House Social Centre for the Handicapped

Handicraft Instructor	Mr. Davey
Assistant Handicraft Instructress	Miss J. Moore
Handicapped Special Vehicle Driver	Mr. W. Inness
Meals on Wheels Canteen	Mrs. Ruddy Mrs. Ramshaw

Residential Homes

Accommodation is provided in the County Borough for those who by reason of age, infirmity, or other circumstances, are in need of care and attention not otherwise available to them. (This does not include sick persons who require constant nursing care or treatment in Hospital).

The number of persons accommodated at the beginning and end of the year, together with the number of admissions and discharges, are given in the table below:—

<i>Own Homes</i>		<i>Resident at 1.1.66</i>	<i>Admissions including re- admissions</i>	<i>Deaths</i>	<i>Transfers to Hospital</i>	<i>Other Reasons</i>	<i>Resident at 31.12.66</i>
Fountain View	..	263	282	42	34	212	257
Beacon View	..	15	16	3	2	10	16
Birchholme	..	19	12	1	10	2	18
		297	310	46	46	224	291

Classification of Residents in Local Authority Residential Homes as at 31st December, 1966

	<i>Under 30</i>												<i>Total</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>		
Fountain View	..	—	—	2	1	15	17	35	33	26	73	16	39	257
Beacon View	..	—	—	—	—	—	—	3	1	5	5	—	2	16
Birchholme	..	—	—	1	—	—	—	3	—	9	—	5	—	18
	—	—	3	1	15	17	41	34	40	78	21	41	291	

Health Classification of Residents in Residential Homes

	<i>Fountain View</i>	<i>Birchholme</i>	<i>Beacon View</i>	<i>Total</i>	
Aged (not materially handicapped)	..	178	15	13	206
Blind	..	15	—	2	17
Deaf	..	9	2	—	11
Epileptic	..	5	1	—	6
Other Physical Handicap	..	10	—	1	11
Mentally Handicapped	..	40	—	—	40
	257	18	16	291	

Residential Accommodation—Analysis of Admissions

Direct Admissions

(a) *Formerly living independently*—

- (1) in own homes as tenants or owner occupiers .. 82
- (2) in private lodgings 10

(b) *Formerly living with relatives (whether as the householder or not) and*

- (1) home overcrowded 1
- (2) presence causing domestic discord 2
- (3) relatives incapable of continuing to give necessary care 8
- (4) from other areas 2

Transfer from Hospital and originally admitted to Hospital from—					
(1) Residential accommodation	20				
(2) Own home—(living independently)	38				
(3) Private lodgings	—				
(4) Relatives home or own home, where cared for by relatives	3				
Short Stay Cases	43				
Compulsory Removal Cases — Section 47	—				

Amenities Available to Residents

As far as possible, every endeavour is made to make the Hostels as near real homes as practicable. Recreation facilities, newspapers and periodicals are provided and a library service is available, for which thanks are due to the Public Library Services.

Residents are provided, if it is their wish, with suitable clothing and receive comforts such as sweets and tobacco or cigarettes. Facilities exist for religious worship and residents are encouraged to use the Home as if it were their own and feel free to visit and be visited by friends.

In the course of the year a number of concerts, weekly film shows and other forms of entertainment have been given at the Homes. Thanks are due once again to members of various organisations and local individuals for the great interest shown.

Particular regard must be paid to the regular weekly service provided by the Womens Voluntary Services in the sale to residents at Fountain View of all manner of articles which from time to time they desire. The profits from these sales being used for the provision of additional amenities.

Charges for Maintenance—Residential Homes

The costs of maintaining residents in the various homes is calculated at the end of each financial year to a weekly "standard charge" representing the amount to be paid by residents having income over the statutory limit laid down by the Ministry of Social Security.

Residents who have less than this statutory figure are assessed to pay smaller amounts but the minimum charge for maintenance during 1966 was £3 4s. 0d. per week deducted from a basic pension or allowance. Each resident is enabled to retain at least 16/-d. per week for personal needs.

The full cost of maintenance in the Local Authority Homes for the period was £8 8s. 10d. as opposed to £8 11s. 11d. for 1965.

Ordinary Residence

The National Assistance Act, 1948, Section 24, provides that the Local Authority liable to provide residential accommodation is the one in whose area the person requiring such accommodation is ordinarily resident. A person who has no settled residence or, being ordinarily resident in the area of another Local Authority, is in urgent need of residential accommodation, the Authority in whose area he then is, is to provide accommodation. In the latter event arrangements are entered into for the recovery of maintenance costs from the Authority of ordinary residence.

By agreement with other Local Authorities financial responsibility is accepted for the maintenance of residents as follows:—

**Residential Accommodation provided by other Local Authorities
for Gateshead Cases**

<i>Authorities</i>	<i>Men</i>	<i>Women</i>
Middlesex County Council ..	1	—
Durham County Council ..	—	1
TOTAL — 2		
<i>Voluntary Organisations</i>	<i>Men</i>	<i>Women</i>
	3	2
TOTAL — 5		

**Residential Accommodation Provided on behalf of other Local Authorities
by Gateshead**

	<i>Men</i>	<i>Women</i>
Durham County Council ..	4	8
Northumberland County Council ..	1	1
London County Council ..	—	1
North Riding of Yorks County Council ..	1	—
	6	10
TOTAL — 16		

Temporary Accommodation and Rehabilitation of Homeless Families

The Welfare Services Department is responsible for providing such accommodation for persons in urgent need, being need which has arisen through no fault of their own and which could not reasonably have been foreseen or such other circumstances which may be decided.

Details of families accommodated during the year are as follows:—

<i>Temporary Accommodation</i>	<i>Families</i>	<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Total</i>
Accommodated at 1.1.66 ..	7	5	7	25	37
Admissions during period ..	15	6	15	49	70
Discharges during period ..	12	7	12	43	62
Accommodated at 31.12.66	10	4	10	31	45

Domiciliary Welfare Services of Elderly Persons—General

The general welfare of elderly persons in the Borough has received the continuous attention of the Department. Social Welfare Officers are always available to visit, advise and help elderly people in their own homes. They provide a link between Statutory and Voluntary Services and any elderly person in difficulty is encouraged to contact the Welfare Services Department.

Co-operation with Voluntary Organisations Interested in the Welfare of the Aged

No Statutory Welfare Authority is able to provide all the services necessary for the care of the aged within its boundaries without the considerable help of the many voluntary organisations operating in the area.

During the year the Gateshead Old People's Welfare Standing Committee severed its link with the Council of Social Service for Gateshead, changed its name to the Gateshead Senior Citizens Welfare Committee and continued to pursue its policy of setting up, in co-operation with the Local Authority, District Old People's Welfare Committees with their associate clubs and other activities.

Attention has been drawn to the great need for the setting up of good neighbour schemes. Whilst numerous District Committees have introduced flashing warning lights which can warn the passer-by of the sudden illness and distress of the person living alone, the serious problems which arise from time to time amongst persons living alone, and these, not always aged persons, cannot be helped by the introduction of mechanical warning systems. Only one method can cover the situation and that is the daily calling of a good neighbour. This scheme must spread as rapidly as possible throughout the town. Much unseen work is being done by many good neighbours but there must always be worry at the back of all thinking people's minds that there may be someone lying ill or dying alone in some house in some street in the Borough.

Aged Persons' Register

Registration at 1st January, 1966 ..	3,046
New Registrations	160
	<hr/>
	3,206
Deaths and Removals out of area ..	286
	<hr/>
Registrations at 31st December, 1966 ..	2,920
	<hr/>

Progress with this Register which originally was hoped to comprise the majority of aged persons in the Borough of necessity, had to slow down and at present it really comprises a Register of "at risk" cases.

Meals on Wheels Service

The delivery of meals through the Meals on Wheels Service is providing a useful supplementary form of visiting and has brought friendship into the homes of the aged through the medium of the volunteers. It has also enabled the Department to have first hand information of any change in circumstances requiring attention. Particular tribute is paid to those ladies of the W.R.V.S., British Red Cross and Townswomens Guild for their help during the year.

There is still further scope for extension of the service, the Organisations concerned are always willing to receive additional helpers even if they are not members of their organisations. The administration of

the service is carried out directly by the Welfare Services Department but once again the service could not be what it is were it not for those giving of their services freely, generously and voluntarily.

Luncheon Clubs

Luncheon Clubs are established at Teams, Bensham, Wrekenton, Lobley Hill and Claremont Area.

The inception of this service is primarily due to the increased numbers of District Committee and the availability of voluntary help. The benefits felt by those attending Luncheon Clubs are expressed frequently by the recipients. The main problem in this service is finding suitable accommodation in which to establish the clubs. Schools are in use during the day and in certain areas there are no other suitable premises.

Pre-Paid Post Card Service

Arrangements have continued during the year with the Ministry of Social Security and the Ministry of Social Security Officers, together with the appropriate Local Authority Officers, for the distributing of pre-paid post cards to aged persons. The post card draws attention to the various welfare services which are available in the area and requests that should the recipient be interested, would he or she please put their name and address on the card and post it, no stamp being necessary.

It is also pointed out that even though there may be no particular problem at the moment, the card should be retained for use if at some future time the service can be of help.

OTHER SERVICES

Removal of Persons in Need of Care and Attention to Hospital or Residential Accommodation

Section 47 of the National Assistance Act, 1948, empowers the Local Authority to apply to a Court of Summary Jurisdiction for an Order to remove compulsorily to suitable premises the following:—

- (a) persons who are suffering from grave chronic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions, and
- (b) are unable to devote to themselves and are not receiving from any other persons, proper care and attention.

During the present year it has not been necessary to use the powers based in the Local Authority to make compulsory removals. There have been a number of cases where at first it was felt that it might be necessary to use powers but due to careful persuasion, the persons involved voluntarily entered residential accommodation or were prepared to accept domiciliary help.

Burials

Arrangements were made by the Department for 8 funerals under the duties laid upon the Authority to bury or cremate the body of any person who has died or been found dead in the Councils area, where it appears that no suitable arrangements have been made or are being made.

Opportunity was taken to obtain reimbursement of the expenses involved or as much thereof as possible by claim upon insurance, death grants, etc.

<i>Year Ended</i>	<i>Number of Funerals</i>	<i>Gross Cost</i>	<i>Amount recovered</i>
31.12.66	8	£188 12s. 0d.	£186 2s. 10d.

Care and Protection of Property

The Welfare Services Committee is responsible, under Section 48 of the National Assistance Act, 1948 for the protection of moveable property of persons admitted to hospital or residential accommodation where it appears that there is a danger of loss or damage and no other suitable arrangements have been made.

The first step in arranging for the safeguarding of property is to ascertain whether any relative is prepared to accept responsibility for its safe custody, and if not then it becomes the duty of the Department to take necessary precautions. The action to be taken varies according to circumstances but normally it includes ensuring that the premises in which the property is housed are properly secured, notifying the Police of persons absence, making an inventory and removing money and valuables for safe custody.

The Department dealt with 69 cases during the year and in 48 instances arrangements were made for relatives or friends to assume responsibility and indemnify the Corporation.

Receiverships

It was not necessary to make application for the Borough Treasurer to be appointed Receiver of income of persons deemed to be temporarily unable to manage their own affairs. Several persons however, were given information and advice regarding affairs of their relatives and friends who had been admitted to hospital and where management of affairs was under consideration.

Welfare of the Blind

Register

Number on Register at 1st January, 1966	213
Number examined and certified Blind ..	21
Number transferred from Other Authorities ..	2
	236
Deaths	27
Transferred to other Authorities	4
Decertified	—
	205

Classification of Registered Blind Persons

	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Age Groups</i>	
<i>Children under 16 years</i>					
Educable	1	4	5	5
Uneducable	—	—	—	—
<i>Employed Blind Persons:</i>					
<i>Workshops for the Blind</i>					
Basket Workers	5	—	5	21-39
Mattress Makers	2	—	2	40-49
Brush Makers	2	—	2	50-59
Mat Makers	2	—	2	60-64
<i>Open Industry</i>					
Shorthand Typist	1	—	1	21-39
Telephone Operators	2	—	2	40-49
Shopkeeper	1	—	1	50-59
Machine Tool Operator	2	—	2	60-64
Labourer	1	—	1	65 over
Miscellaneous	1	—	1	129
<i>Undergoing Training</i>					
For Sheltered Employment	2	—	2	21-39
For Open Industry	—	—	—	—
<i>Unemployed but capable of and available for work</i>					
<i>Already Trained</i>					
Sheltered Employment	1	—	1	30-39
Open Industry	—	—	—	50-59
<i>Without Training</i>					
In open employment	1	—	1	60-64
<i>Not Available for work</i>					
Not Available for work	9	26	35	16-59
<i>Not Capable of work</i>					
Not Capable of work	5	8	13	60-64
<i>Not working (65 and over)</i>					
Not working (65 and over)	41	88	129	65 over
				205	
				==	

Causes of Blindness

	<i>Age in Years</i>				
	<i>0-4</i>	<i>5-15</i>	<i>16-59</i>	<i>60 Over</i>	<i>Total</i>
<i>Congenital Causes:</i>					
Cataract	—	1	4	5
Nystagmus	—	2	—	2
Albinism	—	—	3	—
Retrolental Fibroplasia	—	2	—	2
Absence of eyes	—	—	1	—
Others	—	—	6	1
<i>Accidents:</i>					
Trauma	—	—	8	4
<i>Diseases of Refractive Media:</i>					
Iritis	—	—	—	1
Keratitis	—	—	5	3
Ophthalmia neonatorum	—	—	2	1
Cataract	—	—	1	57
Myopia	—	—	4	9
Others	—	—	—	—
<i>Diseases of Perceptive Media:</i>					
Sequel to brain disease	—	—	1	1
Glaucoma	—	—	1	17
Arterial Disease	—	—	3	8
Retinal Disease	—	—	4	16
Optic Atrophy	—	—	5	9

Age in Years

	0-4	5-15	16-59	60 Over	Total
<i>Systemic Disease:</i>					
Syphilis	—	6
Diabetes	—	1
Other Causes:	—	2
	—	5	57	143	205

Blind Persons Physically Defective and Mentally Sub-Normal and Mentally Ill—All Ages

	Male	Female	Total
(a) Mentally Sub-normal	3
(b) Physically Defective	4	18
(c) Deaf without Speech	2	2
(d) Deaf with Speech	1	3
(e) Hard of Hearing	3	8
(f) Mentally Sub-normal and Deaf with Speech	—	2
(g) Mentally Sub-normal and Hard of Hearing	1	1
(h) Physically Defective and Hard of Hearing	—	2
	12	27	39

Blind Persons in Residential and Hospital Accommodation

	Male	Female	Total
Residential Accommodation	3	10
Other Homes	—	—
Hospital for Mentally Ill	1	3
Hospital for Mentally Sub-normal	1	4
	5	12	17

*Blind Persons Registered as New Cases (Excluding Recertifications and Transfers from Other Areas) During the Year—21**Age at Date of Registration*

	5-9	10-19	20-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90	Total Over
Male ..	—	—	—	1	1	—	—	3	2	1	—	—	8
Female ..	1	—	—	—	—	2	—	1	2	5	2	—	13
<i>Total</i> ..	1	—	—	1	1	2	—	4	4	6	2	—	21

Age at onset of Blindness

	5-9	10-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90	Total Over
Male ..	—	—	—	1	1	—	1	2	2	1	—	—	8
Female ..	1	—	—	—	—	2	1	—	2	6	1	—	13
<i>Total</i> ..	1	—	—	1	1	2	2	2	4	7	1	—	21

The Ophthalmologist has examined 29 new cases during the year with the following results:—

Certified Blind	20
Certified as Partially Sighted	1
Not Certified	8

Registration

The number of Registered Blind Persons in age groups for the last 11 years are as follows:—

	<i>Under 21</i>	<i>21-49</i>	<i>50-65</i>	<i>65-69</i>	<i>Over 70</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>
1956	.. 10	41	61	27	133	272	122	150
1957	.. 10	39	59	30	136	274	118	156
1958	.. 10	41	53	36	127	267	115	152
1959	.. 8	36	54	35	122	255	115	140
1960	.. 7	34	62	24	120	247	101	146
1961	.. 9	35	63	25	114	246	100	146
1962	.. 9	31	53	26	120	239	94	145
1963	.. 7	30	54	24	120	225	95	140
1964	.. 7	27	48	22	126	230	89	141
1965	.. 7	27	50	21	108	213	85	128
1966	.. 7	26	43	28	101	205	79	126

Follow-up of Registered Blind Persons

Causes of Disability

	<i>Cataract</i>	<i>Glaucoma</i>	<i>Retrobulbar Fibroplasia</i>	<i>Others</i>
(1) No. of cases registered during the year in respect of which para. F. of Form B.D.8(rev. 1963) recommends:				
(a) No treatment	1	1	—	7
(b) Treatment (Medical, surgical or Optical)	4	1	—	1
(2) No. of cases at 1(b) above, which on follow-up action received treatment.	1	1	—	1

Overcoming Disability

In assisting newly blind persons to overcome the effects of their disability, the Social Welfare Officer helps to ease the shock and demonstrate ways in which normal activities can be continued to a greater or lesser degree. Arrangements are made for Ophthalmic examinations and advice on the financial and other benefits available is given. The possibility of social or industrial rehabilitation is also considered.

Instruction in Handicrafts and Simple Diversionary Occupations

Classes have been held at the Social Centre, Prince Consort Road, on two afternoons per week and features include handicrafts, embossed literature, talking book, concerts, games and the provision of light refreshments at every session.

Voluntary Society and Special Grants and Assistance

Various Voluntary Associations have given special grants and assistance covering deserving cases.

National Library for the Blind

The Welfare Services Committee contributes on a per capita basis towards the provisions of a library service in braille or moon embossed type.

Blind persons take advantage of the service.

Holidays, Hostel Accommodation, Etc.

Blind persons and guides so desiring enjoy holidays at special homes for the blind at The Haven, Scarborough, and Craven Lodge, Harrogate, throughout the season.

Holiday grants contributing towards the cost of holidays were available from the Newcastle and Gateshead Voluntary Society for the Blind.

Industrial Rehabilitation

The Ministry of Labour is responsible for arranging for blind persons to undertake a course of industrial rehabilitation and it is standing procedure for representatives of the Ministry and the Welfare Services Department to confer on the employment prospects of individual cases, so as to eventually ensure the best possible placement in employment.

Workshops for the Adult Blind

The main provision of sheltered employment for blind persons in the Tyne Area, is by way of occupation in the Workshops, Whickham View, Newcastle upon Tyne. Blind persons from Gateshead are employed at the Workshops which are administered by a Joint Management Committee.

A variety of trades are followed and include basket work, brush making, mat making, etc. It is significant that in almost all respects the standards and output compare favourably with the national average.

Financial assistance towards the cost of maintaining the Workshops facilities and towards the cost of improvements, alterations and new machinery is apportioned between the constituent local authorities, Newcastle upon Tyne, Gateshead, South Shields and Northumberland County Council.

Workshops for the Adult Blind

by Courtesy of Mr. C. Rowbottom, Manager

The Workshops for the Adult Blind, Newcastle upon Tyne, is controlled by a Joint Management Committee consisting of five Local Authorities—Newcastle, Northumberland, Gateshead, South Shields, and Tynemouth. The Manager is directly responsible to the chairman

and committee members, who are normally from the Local Authority but also include members from voluntary agencies and the National League of the Blind. A Personnel Committee was introduced some years ago in order that the shop stewards could consult the manager on matters of interest. This committee is not a negotiating body but a discussion group.

The Joint Management Committee has accepted a management re-organisation proposal with the object of introducing a production controller and an administrative officer in order that these two appointments can better control the activities of the Workshops. The administrative officer will provide costing and budgetary information so that appropriate managerial action can be taken.

Planned Training

During the past twelve months, members of the Workshops' staff have been encouraged to take courses of training and the Joint Management Committee accept financial responsibility for the cost of the courses, books and subsistence allowance where incurred. As a result, seven members of the managerial and supervisory staff have taken or are taking the following courses:

Manager: the Certificate and Diploma of the Institute of Works Management; Works Management in Practice; Human Relations and Communications; Management Law; Economics of Industry.

Deputy manager (proposed production controller): Work Study Theory; General and Social Aspects of Management; Practical Work Study.

Foreman from the Mat, Bedding and Brush Departments: the National Certificate in Supervisory Studies.

Both the manager and sales representative have attended the Tack Sales Training Course.

All the participants in these courses have appreciated the additional knowledge they have gained and there is a better appreciation of modern workshops techniques.

Welfare

In the proposed re-organisation, the manager's secretary will have responsibility in connection with welfare and will become the personnel officer. At the present time, all employees have a personal file in which are recorded details of their training and employment performance, together with sickness, absence, time-keeping, earnings, etc. The personnel officer is trained in First Aid.

The personnel officer also supervises the canteen, where meals are now bought in from British Railways' canteen and sold at cost. In order to reduce a deficit of £300 per annum in the canteen, automatic vending machines dispensing hot and cold drinks have been installed, and revenue from them has almost entirely cancelled the deficit on the canteen account.

Administration

Much attention is being paid to clerical procedures in the Workshops and advice has been sought and readily given by the Treasurer's Department and the Organisation and Methods Department of Newcastle Corporation, and I.A.B. Limited. Both the ledger and wages systems have been altered and a five-part system for invoices and internal orders has been introduced.

When a customer's order is received, it is typed by a blind shorthand typist on the five-part set, which comprises invoice, copy invoice, production order, advice note and copy advice note. Whenever practicable, these sets are priced and the two top copies (invoice and copy invoice) are retained in the office. The three remaining parts are passed to the stores (henceforth production controller) so that the order can be processed from stock if possible. If not, instructions are given to the departments by way of a weekly schedule of the items to be covered. When the goods are ready for delivery, the advice notes are passed to the drivers and the production order retained in the stores until the delivery has been completed. Thereafter, the sets are brought together again and a number is allotted to each invoice, which is checked for accuracy and then sent to the customer.

The ledger system is a Twin-Lock Four-in-One and the introduction of this has saved considerable time, because the sales sheet, customer's ledger card and statement are compiled at the same time. No delay should arise in the despatch of statements once the invoicing is complete.

Wages System

The wages system also comprises a four-part set, consisting of an employee pay slip, personal record sheet and a wages pay sheet (in duplicate). The wages clerk is able at one time to make all the necessary entries in connection with each employee, who also gets a copy of all the details which make up his or her pay packet.

This system is approved by H.M. Inspector of Taxes; it provides all the information required in the prescribed manner for Income Tax Form P9 so that it is only necessary at the year end to complete the summarised form P9(s). It also enables a more complete analysis of such items as productive earnings, unproductive earnings, augmentation, holiday pay, sickness, etc, and it is therefore possible to extract the cost under these and other headings.

Certain work that had previously been done by the City Treasurer's Department has now been taken over by the Workshops without an increase in staff, but this has not yet been reflected in any decrease in the central administrative charges, which are under discussion.

It is hoped in the near future to be able to provide the manager at regular short intervals of time with cost information in terms of wages, materials and overheads. For this reason, the Organisation and Methods Department have recently recommended that all invoices should be coded and this will in turn obviate the necessity for compiling a purchase analysis record as is done now.

Sales

The Workshops employ only one sales representative, who has had the benefit of the Tack Sales Training Course and the assistance of the late Mr. E. A. Rogers of I.A.B. It has been recommended by I.A.B. that record cards and daily ledger sheets should be completed and this is being done.

The sales representative is provided with an illustrated catalogue as well as coloured photographs for recent introductions of bedding and upholstery. These have made a considerable impact on the trade.

One of the workrooms has been redecorated and set aside as a showroom to display articles produced in the Workshops.

With the Hull and East Riding Workshops, the Newcastle Workshops have shown during the past two years products at the British Furniture Manufacturers' Exhibition, and as a result the Workshops have been able to increase their sales to the trade.

The Workshops have also succeeded in entering the export market and have recently received a repeat order for furniture and bedding in excess of £3,000.

Stock Control

A Kalamazoo system is used for the recording of materials supplied, and these records provide details of the supplier, specifications, prices, stock levels and minimum and maximum stock quantities. With this system it is now possible to keep more realistic stocks and there is less possibility of production being held up by shortage of materials. The system satisfies the requirements of the Government Audit Department, who can now feel that there is complete security in stock control.

The Workshops have participated in the bulk purchase of mat yarn in the Northern Area of the N.A.W.B. and work closely also with the Royal Institution for the Blind at Sunderland in the purchase of materials for bedding contracts.

Production Methods

Much attention is being paid to the production of bedding and divans. A mattress-filling machine, compression-tufting machine and pad-stapling equipment have been introduced into the bedding department, and pneumatic stapling guns are used in the production of divans and upholstery.

With the co-operation of the shop stewards, rates have been agreed for the operation of some of this equipment and as a result the cost of manufacturing spring interior mattresses has been halved and the output increased.

Prior to the introduction of this equipment, the average output per man in the bedding department was five spring-interior mattresses per day. Since the operation of these machines, five men working on the mattress-filling machine, compression-tufting machine and pad-stapling

machine are able to produce between them 60 mattresses per day, an average of 12 per man. This of course has enabled the workers to earn much more than they did before, although at lower rates, and these higher earnings have reduced augmentation.

Rationalisation

Because of high costs, the cork fender, firewood and knitting departments have been closed and workers employed in other less costly departments.

At the present time, the Local Authorities who have purchased various types of road sweeping brushes are being approached with the object of persuading them to accept a standard brush. This will be a flat-backed scavenger broom with polypropylene filling. It will therefore not be necessary to purchase the costly turned scavenger stock and the user will benefit by having a lighter brush which will last longer. A metal socket for the broom handle is fitted to this type of brush and this will save the user time in fitting broom handles, since they will be a permanent fixture in the socket.

A great feature of the production of the upholstery department has been the use of knock-down sections so that employees can specialise on one part of a chair or settee. Production is thus increased, and this type of furniture has the added advantage that it can be packed in comparatively small cartons for export, thus reducing carriage charges.

Co-operation with N.A.W.B.

Agreement has been reached with the Northern Area of N.A.W.B. on the specifications and prices of mats. The manager of Newcastle Workshops is responsible for the bulk purchase of mat yarn and this has effected some saving in the cost of materials. The Workshops in the Northern Area are currently discussing the standardisation of basket specifications and prices.

The four north-east Workshops meet periodically to discuss matters of local interest and to increase co-operation in the area.

As a result of the introductions and changes that have taken place at the Newcastle Workshops, it is pleasing to record that the cost per worker has been reduced by £34 per annum in the past financial year. The total saving to the Joint Management Committee is £4,273

Welfare of the Partially Sighted

The number of persons Registered as Partially Sighted as at 1st January, 1966, are as follows:—

Number on Register at 1st January, 1966 ..	51
Number of cases examined and certified ..	2
Transferred from Other Authorities ..	1
	—
Deaths ..	4
Transferred to Other Authorities ..	4
Certified Blind ..	2
Decertified due to improved vision ..	1
	—
	43
	—

Classification of Registered Partially Sighted Persons

	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Age Groups</i>	
<i>Persons near and prospectively Blind:</i>					
Employed	—	—	—		
Undergoing training	—	—	—		
Unemployed— capable of work not capable of work	5	19	24	50-64	3
				65 Over	21
<i>Persons mainly industrially Handicapped:</i>					
Employed	—	2	2	21-49	2
Undergoing training	—	—	—		
Unemployed— capable of work not capable of work	2	2	4	21-49	4
<i>Persons requiring observation only:</i>					
Aged 16 and over	5	6	11	21-49	2
				50-64	2
				65 Over	7
<i>Children aged 5 and under 16:</i>					
Educable	—	1	1		
<i>Children under 5:</i>					
Educable	—	—	—		
			43		

Follow-up of Registered Partially Sighted Persons

	<i>Cause of Disability</i>			
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Retrolental Fibroplasia</i>	<i>Others</i>
(1) No. of cases registered during the year in respect of which para. F. of Form B.D.8(rev. 1957) recommends:				
(a) no treatment	—	—	—	1
(b) treatment (medical, surgical or optical)	5	—	—	2
(2) Cases at 1 (b) above which on follow-up action have received treatment ..	1	—	—	2

House Lighting

Local Authorities are now permitted to provide additional lighting facilities in the homes of partially sighted persons where it is felt that the introduction of this service will be of benefit. No arrangements under this scheme have been made up to the present time.

Welfare of the Deaf and Hard of Hearing

The following changes in the Register of the Deaf have taken place during the year:—

Number on Register at 1st January, 1966	215
New Registrations	21
Removals into Area	—
	236
Deaths	14
Removals out of area	7
	215

Classification of Registered Deaf Persons

	Under 16		16-64		65 Over		Total		Accum. Total
	Male	Female	Male	Female	Male	Female	Male	Female	
Deaf without Speech	5	4	37	32	5	5	47	41	88
Deaf with Speech ..	2	2	12	9	3	4	17	15	32
Hard of Hearing ..	—	—	15	19	21	40	36	59	95
	7	6	64	60	29	49	100	115	215

Assistance in Securing Employment

Generally, it can be said that deafness does not incapacitate to the same extent as other disabilities but it does bring its own special problems. There is no provision for sheltered employment as no need for this has ever been demonstrated, relatively few of the deaf are unemployed. On the other hand their placement and maintenance in employment is not achieved without a great deal of effort on the part of the Welfare Officer concerned who works in close co-operation with the Ministry of Labour Disablement Resettlement Officers and the Youth Employment Service.

Work placements were found for 17 persons during the year and analysis of placings is as follows:—

Job		Male	Female	Total
Machinist ..	..	..	—	2
Hand Sewer ..	..	..	—	6
Metal Polisher ..	..	..	3	—
Wall Washer ..	..	..	1	—
Labourer ..	..	..	2	—
Cake Tray Fettler ..	..	..	1	—
Packer ..	..	..	—	1
Steam Presser ..	..	..	1	—
		8	9	17

Practical Assistance

Many occasions arise when deaf people need the services of an interpreter to assist them with the more complex events of daily life ranging from interviews of official or private business to help in domestic worries. In common with hearing people, they need advice on problems which occur even more so because of their limitations in certain ways.

The services of the Social Welfare Officers are always available to help the deaf lead full and useful lives.

Unlike the true deaf many of the hard of hearing grow up with normal hearing and are more able to maintain contact with the hearing worlds, particularly since the provision of hearing aids through the National Health Service.

National Deaf Children's Society

During the year the National Deaf Children's Society called a meeting at Felling for the purpose of establishing a branch of the National Deaf

Children's Society in the area. This meeting was attended by representatives of the Welfare Services Committee and Officers of the Department and as a consequence the newly formed local branch now hold regular meetings in the Offices of the Welfare Services Department. Considerable support was offered them in the running of a garden party at Fountain View.

This Society has done considerable work in the furthering of services of the deaf amongst children.

The Social Welfare Officer is always available to give advice and instruction. He encourages self help, the practice of lip reading and use of hearing aids and advises on employment and other difficulties.

There are still many ways in which these services can be and must be developed, for instance, there is much more that can be done for those who are hard of hearing. Particular attention needs to be given to the needs of the increasing group of deaf with speech. There must be better arrangements for assessment of deafness and periodic re-assessment of hearing, including those medically diagnosed as suffering from permanent total deafness. There needs to be greater attention paid to all that is meant by manual and oral means of communication and the resulting problems.

Welfare of Physically Handicapped Persons (General Classes)

Under Section 29 of the National Assistance Act, 1948 the Council is charged with the duty to maintain a register of Physically Handicapped Persons who may be in need of assistance. Amongst other things it has the responsibility to help persons to overcome any disability with advice or guidance, the promotion of social and recreational activities and practical assistance in the home by the provision of special appliances or adaptations to the structure.

The following changes in the Register have taken place during the year:—

Number on Register at 1st January, 1966 ..	202
New Cases	33
	<hr/>
	235
Deaths	13
Removals out of Area	5
	<hr/>
	217
	<hr/>

Classification of Registered Persons

The Classification of Registered Persons is as follows:—

	<i>Under 16</i>	<i>16-29</i>	<i>30-49</i>	<i>50-64</i>	<i>Over 65</i>	<i>Total</i>
Amputation	—	1	3	6	11	21
Arthritis or rheumatism	—	1	2	11	10	24

	<i>Under 16</i>	<i>16-29</i>	<i>30-49</i>	<i>50-65</i>	<i>Over 65</i>	<i>Total</i>
Congenital malformations or deformities	—	3	1	1	—	5
Diseases of the digestive and genito-urinary systems, of the heart or circulatory system, of the respiratory system (other than tuberculosis) or of the skin	—	2	6	10	8	26
Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine	2	9	11	21	3	46
Organic nervous diseases — epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	—	5	39	23	13	80
Neuroses, psychoses, and other nervous and mental disorders not included in line 6	—	—	3	3	1	7
Tuberculosis (respiratory)	—	—	—	3	—	3
Tuberculosis (non-respiratory)	—	1	1	3	—	5
Diseases and injuries not specified above	—	—	—	—	—	—
<i>Total</i>	2	22	66	81	46	217

Adaptations

During the financial year ended March, 1967, £855 19s. 1d. was expended by the Local Authority for work on adaptations to handicapped persons' houses.

Access to Public Buildings

Considerable attention has been focussed nationally upon the problems faced by handicapped persons when desiring to enter various buildings both public and private. One can imagine the difficulties of a person in a motorised vehicle arriving at a building, transferring to a wheelchair and then being faced by a considerable number of steps upon entry to the building. Very often the person concerned is unable to get out of the wheelchair to even walk and so must either be carried into the building by helpful staff or friends or alternatively an interview must be conducted in the street.

The Local Authority is paying particular attention to this problem when new public buildings are being erected and it is hoped that private developers would give the same attention to the problem when preparing their plans.

The problem does not only apply to those persons in wheelchairs but to many aged persons and many who are suffering from chest complaints who have tremendous difficulty in negotiating staircases.

Handicapped Persons' Diversionary Occupation Centre

This centre is now taking the maximum number of persons possible owing to its size and condition. There are still many handicapped persons in the Borough who require to attend this Centre for diversionary occupational purpose and also to enable them to enjoy company of others instead of remaining in some cases alone in their own homes and also to permit relatives with whom they may be living to carry out their normal daily tasks. Every endeavour is being made to provide additional facilities for this service.

General

The year has been an extremely busy one. Considerable additional work has been involved in the planning for the opening of the first three new homes for aged persons which are expected to be opened in October, 1967. As a result of the increased numbers of handicapped persons coming to the knowledge of the services, an additional Social Welfare Officer has been approved by the Council to handle the additional work created. Arrangements have been entered into with the Director of Education and the Medical Officer of Health for early notification of all children suffering from some form of handicap. Until the present time difficulties have always been experienced in this field but following good will and close relationships this has been overcome.

During the year, following the Television Programme "Cathy Come Home", an increased number of homeless families came to the notice of the Department and as a result of discussions between the Housing Committee and the Welfare Services Committee, additional temporary accommodation was made available and classed as second stage accommodation wherein persons who have spent a period of time in first stage temporary accommodation at Holly House are able to introduce their own furniture where possible and live with less supervision within the community. This is a service which will continue to develop and whilst success is not always possible with every case useful rehabilitative work is being carried out.

The Department has benefited considerably by the Co-ordinating Committee. The regular meetings of the Officers of the various Departments concerned are cementing together the feeling of fellowship and are giving knowledge of one another's problems and are making for a greater understanding amongst the staffs.

Time is an important factor in the life of a Social Welfare Officer. An Officer must have time to investigate fully all statements made by the persons with whom he or she is dealing, and with the ever increasing volume of new problems being referred to individual Officers this is not always possible. As a result there can be a tendency, particularly amongst those who are homeless, for the service to be an emergency service of simply patching and hoping that the patch will hold through the next crisis.

Experienced skilled staffs are not easily available at the present time and every endeavour must be made by all those concerned to make available suitable qualified and experienced staff. Staff are the tools of a Welfare Services Department.

B. CHILDREN'S DEPARTMENT AND FAMILY ADVICE CENTRE

Report by Mr. E. B. Roycroft, Children's Officer

Introduction

Since its inception in 1948 the work of the Children's Committee has undergone many changes, none more far reaching or challenging than those introduced by legislation in 1963.

The Children and Young Persons Act of that year placed on the local authority the duty to develop a service designed to diminish the need to receive children into care, or to keep them there.

The Children's Committee of Gateshead has chosen to interpret this Act liberally and to extend the basis on which help is offered to families with problems. Consequently the help offered by the Department has become more appropriate to a service dedicated to the support and protection of the family unit. The changing role of the Children's Department has demanded a re-appraisal of our service in Gateshead, and of some of our methods. It also required an adjustment in attitudes by both the Committee and the Department to the giving of material and financial assistance. More inter-departmental co-operation was necessary, and although the machinery for co-ordination existed, the greater pressures put upon it have considerably increased its activities.

Evidence from the reports of our Child Care Officers indicated that help was not reaching some families at a stage early enough to prevent breakdowns. It was also suggested that parents did not always know where to seek help in an emergency, or where to seek advice when facing difficulties with teenage children. The Committee sought to create an atmosphere where any parents (or children) seeking help on personal family matters would be prepared to go and could expect sympathetic help in a setting not closely associated with official or legal procedures. Fresh offices were urgently sought, and when found were adapted to offer a combination of comforting informality to the public, and an opportunity for the staff to provide a more personal and sensitive atmosphere. The new offices were called the Family Advice Centre, and were open to work in May 1966.

The needs of those we seek to help are also changing and perhaps becoming more complex and often more urgent. It is essential that our staff are prepared both in numbers and in skills to deal with the demands made upon them. In 1965 the establishment of Child Care Officers was increased and strenuous efforts were made to obtain the benefits of training for our fieldworkers. One Child Care Officer has completed training and two more are undergoing training at the moment, and expect to qualify shortly. During the past eighteen months two Child Care Officers have been appointed after completing their University training.

To support the functions of the Family Advice Centre and the preventive work being undertaken, the Boarding Out and Residential provisions for caring for children have similarly had to undergo some changes. A larger number of children have been boarded out on a short stay basis in the last year than for many years previously, and the demands made upon our foster parents have been heavy. Our building programme of family group homes has suffered delays and has not yet been completed. Consequently the Department has had to rely on the willing help of voluntary societies to help us when the needs of a child, or more usually of a large family of children, can best be met in residential care.

The widening scope of the work of the department has increasingly involved us in offering help to teenagers and their parents. The conflict which often exists between these young people and their parents and society poses one of the most difficult yet stimulating problems. In the teenage years the internal conflict of a child developing into an adult contains many anxieties, excitements, and added responsibilities. Unfortunately it is also accompanied by pressures from a materialistic society in which the glamour of being young is a commercial attraction. In a happy, stable family this can be a difficult time, but in a family with internal strife, illness, or marital disharmony it can mean the difference between happiness and discontent, maturity and delinquency, stability or mental ill-health.

Perhaps most disturbing in our work with teenagers has been the discovery of how woefully inadequate are the existing residential provisions for the young mentally sick. The care of these unhappy young people has placed an additional burden on our houseparents.

Headteachers and the police maintain a close liaison with the department and report cases of minor offences or truancy. Help is offered to the parents of the children concerned and it is hoped that by accepting voluntary supervision it may be possible to prevent a child from being brought before the Juvenile Court, perhaps suffering removal from home.

The government is currently considering the case for a unified social service, and such progress would seem to be logical to those who believe that the family unit is the proper place for caring for the aged, the mentally sick, the young, and the deprived. This report endeavours to describe the tentative start we have made in Gateshead to develop a family service.

Prevention and Family Casework

In developing our policy of a family service it was realised that many of our methods of work would have to be re-examined and strengthened. Departmental differences and suspicions between official and voluntary agencies would have to be submerged in our efforts to co-ordinate an effective service.

Firstly our service must be easily available to those who seek it, and it must be able to detect those who need it, but through fear or suspicion are reluctant to accept it. Secondly we must be flexible and rapid in giving aid in emergencies, and also be able to give long term sustaining casework to families with multiple problems. Thirdly all our social services must be co-ordinated in planning help for our families and in preventing the wastage of valuable manpower.

Sometimes the biggest obstacle to be overcome by parents or children in trouble is in making the initial request for help. It is hoped that our Family Advice Centre will prove to be an easy place for both the brave and the timid to approach for assistance. Indeed since June 1966 over 400 enquiries have been received from people directly contacting the Centre. The requests come from people with marriage problems, financial difficulties, worries over teenage children and from families faced with eviction.

Largely the approach was made by parents, but occasionally by teenage children or unmarried mothers. Marital disharmony was the most common reason for help being sought, and this usually meant that one of the partners had deserted the home or that there were acute money troubles and debts.

There are some families whose problems are so many and so acute that they have largely withdrawn from normal social contacts and are either too depressed or too reluctant to ask for help. With increasing awareness of this, there are many people who are in a position to spot a child or family "at risk". A family's problems may be revealed in many ways: a child playing truant from school, father's prolonged unemployment, rent arrears, a child's delinquency, a parent's desertion. Health Visitors, teachers, rent collectors, or police may recognise the symptoms and advise in the necessity for investigation.

The most important support that we can give to a family in distress is through our own skills in interpreting their problems and accepting, without condemning, their inadequacies. Some families require supervision stretching over many years simply to maintain reasonable stability. Others need only brief advice or assistance to overcome a particular difficulty. It is now possible for material or financial aid to be offered immediately in cases of crisis, and over 30 families have been helped in this way during the past year. Most of this help has been in the form of loans to families to restore electricity or gas supplies, or in overcoming temporary rent difficulties. Financial aid is usually given in the form of a loan, and is always accompanied by casework advice.

Perhaps the most dramatic use of the financial provisions of the Children and Young Persons Act has been in the field of rehabilitation. In several families where children have been received into care because of the inadequate care given to them by their parents, it has been possible to send the mother with her children for special training. At a home near York the mother spends three or four months learning cooking, housewifery, washing, budgeting, and proper care of children. The father is advised on employment and on the payment of outstanding debts, and eventually the whole family are re-united in Gateshead. Supervision is still maintained until the family are capable of assuming complete independence.

With the growing awareness of the need to help families at risk the procedure for co-ordinating the social services, both local authority and voluntary have been considerably extended. With the Town Clerk as Chairman, a Co-ordinating meeting is held fortnightly. The agenda includes reviews of the progress of long term cases, and discussion of new families reported to be "at risk". There are also regular meetings between

Housing, Welfare, and Children's Department officials to consider council tenants with serious rent arrears. In the few cases where eviction takes place it is done in full consultation with the Welfare Department to ensure that the family are protected and the children not separated from their parents.

Children in Care

During the year under review there has been an increase in the number of children received into short term care. Although this fact may not seem to be in keeping with our efforts to diminish the number of children who need to be received into care, it is indicative of the greater demands made upon the service to assist in long term rehabilitation.

The main reason for children being received into care is still the short term illness, or confinement of the mother (78). There are still a significant number of children deserted by their mother who need care (12), and also because an unmarried mother is unable to continue giving proper care to her child. Under Section 1 of the Children Act 1948 a total of 151 children was received into care, and another 16 were received as a result of Fit Person Orders. Six cases involving nine children were brought before the Juvenile Court for children being neglected, or being in need of care or protection. The youngest of these children was a baby of two and a half months with multiple injuries and the eldest was a boy of six years, one of a family found in a very neglected condition.

The majority of children discharged from care were returned to their parents (133), and there is no doubt that the provisions of the Children and Young Persons Act played a significant part in achieving this. Ten children were discharged from care on obtaining the age of eighteen and all of these were happily settled in foster homes or lodgings. During the year two children were adopted by their foster parents.

BOARDING OUT

Section 13 of the Children Act 1948 places a primary duty on the local authorities to board out children in their care unless it is not practical or desirable to do so. This recognises that boarding out is not automatically or invariably the best care for all children. Some children, because of their previous experience, cannot accept the close intimacy of a foster home. Some natural parents are so insecure that they cannot accept foster parents caring for their children, and by jealousy and criticism upset the child in the foster home setting.

We are fortunate that there are people prepared to open their homes and give great love and understanding to children separated from their parents. Foster homes have been found for some children quite seriously disturbed and more than a few physically handicapped children have been fostered. Short stay foster parents play a very important role in accepting children in emergency when perhaps removed from home in unhappy circumstances, they are distressed and anxious and need all the loving comfort it is possible to give.

By their circumstances and background foster parents have different qualities and degrees of affection to give a child. It requires great skill on the part of the Child Care Officer to match the needs of the child to

the strengths of the foster parents. It is satisfying, therefore, that so many children reaching eighteen years leave our care in the security of a foster home.

RESIDENTIAL CARE

It is regrettable that some people believe that Children's Homes have a mainly residual function, and that they are the last refuge for children who cannot be placed in foster homes. Surely residential facilities and casework services must go hand in hand and the work of a housemother is as important to our family service as the work of a child care officer.

Residential Care may provide the most appropriate setting for *treatment* to be carried out on certain children, particularly providing a therapeutic setting for children injured on the battlefields of marital disharmony. The Children's Home provides warmth, sympathy and yet tolerance to behaviour difficulties.

It provides long term security for those children who need to retreat from the intensities of parental conflict, and who feel perhaps with some justification that the world is against them. Most important in the treatment process for a deprived child is the art of learning to live in a family.

Gateshead has long since abandoned its' institutions and is replacing these by small family units being built on new council estates. Here the children are leading a life fully integrated into the community and do not face any stigma for being "in care". As far as possible we endeavour to prevent short stay cases from interrupting the smooth flow of family life and no pressure is exerted for children to leave the home until the time is most appropriate.

The new family group home on the Lyndhurst estate has now been open over a year and is a good example of the family unit stimulating and encouraging severely deprived children. Unfortunately there have been building delays with another home on the Beacon Lough Estate but it is hoped that this will be completed this year.

The work connected with teenage girls at our Girls' Hostel, has provided more than its usual quota of headaches during the year. Most of the girls admitted have had a long history of rejection and family upset before arriving at the hostel, and have physical and emotional problems of varying intensity. Creating the right mixture of freedom and discipline presents a problem and the staff have to be very tolerant to aggression, insolence and absconding. Often it is a question of patient perseverance and understanding whilst a girl works through her problems, and in the end by simply "hanging on" the girl realises she is not going to be rejected again and that she feels recognised as a worthwhile person.

Delinquency and After Care

It is difficult to describe juvenile delinquency and even more difficult to isolate the causes. What is regarded as delinquent behaviour amongst one group of people may be simply explained as high spirits amongst another. In an area with few amenities, boredom and frustration amongst lively teenagers may result in anti-social behaviour. Educationally retarded children may react aggressively to a world they find difficult to

understand. Through lack of interest and affection in his home a child may compensate by stealing. Whether an offence committed by a child is regarded as delinquent or as a symptom of deprivation depends on the attitude of adults and to some extent on the age of the child. To complicate the picture even further it must be remembered that most normal adolescents go through a difficult stage, and their actions sometimes outrageous to an adult, must not be confused with delinquency.

All authorities working with families must support every effort to prevent delinquency. It is encouraging that many parents are coming forward to the Family Advice Centre with questions concerning control and discipline. Help is also offered to parents whose children have come to the notice of the police through minor acts of delinquency. By generally supporting family stability it is hoped that our service aids the prevention of delinquency.

The Children's Committee feel that it is important to the success of approved school training that children should be given guidance and support when they are released. The Child Care Officers undertake supervision of the children from shortly after their admission to school, and 29 boys and 1 girl have been helped in this way during the past year.

The Department have also accepted a number of Fit Person Orders made on boys who have committed offences, in the belief that the delinquency was caused by some specific family deficiency which could best be helped through the provisions of the Children's Committee.

Summary

This report has tried to outline the first steps taken by the Children's Committee to establish a family service. Other committees of the Gateshead Council are similarly extending their family service. The Health Committee are appointing two Intensive Family Caseworkers to concentrate on supporting a small number of families in very poor circumstances. The Welfare Committee has made great efforts to rehabilitate homeless families, and have developed a scheme whereby an evicted family may be helped to recover from their difficulties and eventually be rehoused.

Physical and administrative provisions are only one step forward, it is the quality and quantity of the staff which makes a success of the service. In social work our staff *is* our service. The Committee has recognised the importance of training and encourages present staff to be trained and does everything possible to attract qualified applicants for posts. It is also accepted that we must play our part in the national training programme and the Gateshead Department has in the past year taken six students from four professional courses for periods varying from 3 months to 10 months.

The Committee have paid particular regard during the year to the problem of attracting residential staff and of providing them with the right working conditions. In principle it is also accepted that a Reception/Observation Centre would be a valuable additional provision.

If, as it seems likely, the government are recommended by the Seebolt Committee to take steps to bring greater unity into the social services, then in Gateshead we have already laid the foundations for this

service within the various committees of the Council. Our service will continue to develop and become more effective within the present structure but the onus lies in the Central Government to provide legislation to create a united and comprehensive family service.

E. B. ROYCROFT,

Children's Officer

	31st March 1965	31st March 1966	31st March 1967
No. of children received into care under Section 1 Children Act 1948 during the 12 months ending	93	71	131
No. of Fit Person Orders	12	26	16
No. of children discharged from care	118	99	152
Total number of children in care on	148	171	166
No. of these children boarded out or placed in suitable lodgings	70	68	68
No. of these children supervised in their own homes or special hostels	14	21	24
No. of these children cared for in Gateshead homes ..	37	27	24
No. of these children in voluntary homes	18	36	39
No. of children in Residential Nurseries	2	1	1
No. of children detained in Approved Schools ..	21	31	23

C. NATIONAL ASSISTANCE ACT, 1948 (Section 47)

Fortunately, during 1966 there was no occasion on which the powers of the above Act were required to be used by the Medical Officer of Health.

D. PHARMACY AND POISONS ACT, 1933

During the year ended April, 1967, 56 persons were registered for the sale of poisons listed in Part II of the Poisons List, and these were supervised on behalf of the Council by the Pharmaceutical Society's Inspector.

E. SUPERANNUATION ACTS

116 persons (73 males and 43 females), were examined for new appointments with the Gateshead Local Authority. Seven males were examined on behalf of other authorities. One female was examined by another authority on behalf of Gateshead.

Under the Manual Worker's Scheme, 204 persons (173 males and 31 females), were examined for inclusion in this scheme.

Six people were examined after application by them to be retired on the grounds of ill-health, and 8 were examined after various periods of sickness to ascertain their fitness to continue at work.

PART V

SANITARY CIRCUMSTANCES OF THE AREA

Annual Report of the Chief Public Health Inspector—G. Charlton, 1966

Although 1966 fails to bring to mind any outstanding event in the field of environmental hygiene, work in most sections proceeded steadily but in the case of clearance of unfit houses one might almost say in a wholesale manner. By the end of the year, it was felt that a stage had been reached when mopping up operations would have to be carried out and with this in view a survey of the town was made and a further 720 houses added to the Clearance Programme. When these properties have been cleared any further additions to the programme probably will be those houses which are either unsuitable or incapable of being improved.

Smoke control proceeded according to plan and financial resources and two further orders came into operation during the year, the numbers 7 and 9 Orders at Wrekenton.

Conversion of fireplaces commenced in the No. 8 area at Saltmeadows and a further order was made by the Council on the 6th July covering an area at Beacon Lough and Lyndhurst which will eventually contain about 1,400 houses.

Houses in multi-occupation received a good deal of attention and a full scale effort was made by the Borough Planner and Engineer's Department and the Fire Officer to apply:

- (1) the fire escape provisions of the Act, and
- (2) to enforce the "change of use" approval where applicable.

It is hoped that insistence in obtaining change of use approval, prior to letting a house in multi-occupation, will do much to control the spread of this type of accommodation in the Borough.

The administration of the Food Hygiene Regulations continued throughout the year and shop keepers were generally most willing to accept guidance and advice offered by the public health inspector. Although there is a noticeable improvement in the standard of hygiene in the food trade, the high incidence of cases of foreign matter and objects in foodstuffs points to a good deal of carelessness on the part of staff employed in the manufacture and processing of food.

Drastic efforts have been taken by many food manufacturers to control their staff, but the exercise seems to abound with difficulties and too strict a control often results in a shortage of staff.

In my last annual report I expressed the view that, provided a full staff was retained, the general inspections under the Offices, Shops and Railway Premises Act would be completed. This aim, however, was not achieved as three inspectors left during the year, being attracted to more lucrative posts in adjoining urban districts. Only one of the vacancies was filled and during the latter part of the year the staff were working at

full pressure. In spite of the staff shortage, a considerable amount of work was carried out but, unfortunately, it was not possible to complete the general inspections.

Some concern was felt during the year at the increase in the number of rat infestations notified to the department, but, judging by reports, this has also been the experience in a number of other authorities. Continued treatment was applied until the infestations were cleared and large quantities of rodenticides used. Although one's immediate reactions to such an increase is to suspect warfarin resistance, no evidence of this could be proved and judging by the number of dead rats found after treatment on open land, the poison still appears to be most effective.

It will be seen from the contents of the report that work under the various Acts and Orders has been well maintained and I must express my gratitude to the various members of the staff for their enthusiasm and devotion to duty.

I must also thank the Chairman and Members of the Health Committee for their support and interest in the work and Dr. Yarrow for his willing co-operation and advice.

A. WATER SUPPLY

An adequate supply of pure wholesome water was maintained throughout the year by the Newcastle and Gateshead Water Company.

The sources of supply are a large catchment area and reservoirs in Northumberland and the River Tyne.

After receiving filtration and chlorination treatment the water is distributed to part of the town directly from the mains and also pumped to two service reservoirs at Beacon Lough and Carr Hill, which serve the higher areas of the town.

The Water Company's statements as to the quantity of water in store each month show:—

A maximum of 5,290 million gallons in December
A minimum of 4,273 million gallons in August.

The monthly average of 4,896 million gallons in store was well above the average for the past five years.

11 samples were taken and submitted for chemical analysis and all were reported as satisfactory.

11 samples were submitted for bacteriological examination and were also reported as satisfactory.

The following is a report of the Public Analyst on a sample submitted in July, 1966.

<i>Chemical Results</i>				<i>Parts per million</i>
Total Solids dried at 180°C.	..	..	..	165
Chlorine as Chlorides	..	..	..	15
Free ammonia	..	..	..	0.02
Albuminoid ammonia	..	..	..	0.05
Nitrogen as nitrates	..	..	..	0.9
Oxygen absorbed (4 hours at 27°C.)	..	..	..	2.4
Total hardness	..	..	..	135

<i>Chemical Results</i>		<i>Parts per million</i>
Non carbonate hardness .. .. .. ..	..	65
Carbonate hardness .. .. .. ..	..	70
Lead and copper .. .. .. ..	..	None
Iron .. .. .. ..	..	None
Appearance and Colour (Hazen degrees 10) ..	..	Satisfactory
Smell and Taste .. .. .. ..	..	Satisfactory
Microscopical examination of deposit ..	..	Satisfactory
P.H. value .. .. .. ..	..	7.5
Residual chlorine .. .. .. ..	..	0.04 p.p.m.

REPORT

This sample of water is pure and wholesome organically. It is also of good colour and it is free from deposit, odour or taste.

I am of the opinion that the water is suitable for a Public Supply.

(Signed) W. GORDON CAREY

B. SEWERAGE AND SEWAGE DISPOSAL

Except for prospective new housing estates, arrangements for sewerage are reasonably adequate, but sewage disposal arrangements are unsatisfactory and the Tyneside Joint Sewerage Board has been set up to provide adequate facilities.

New sewerage schemes are necessary for the proposed housing sites in the Allerdene/Harlow Green areas. These schemes are at present under construction.

C. PUBLIC CLEANSING

The following particulars have been kindly supplied by Mr. L. Collins, M.INST., P.C., A.M.I.T.A., A.R.S.H., being extracts from his annual report:—

“1. Refuse Collection

(a) House Refuse

The value of domestic refuse being produced nationally is reported to be increasing at the rate of 6-7% per annum. This trend is evident in Gateshead especially in those areas where steps have been taken to meet the requirements of the Clean Air Act. Consequently at an increasing number of premises the output of refuse per week exceeds the temporary storage facilities normally provided, i.e. $2\frac{1}{2}$ cu. ft. capacity B.S.S. dustbins.

This factor had to be taken into consideration when vehicles were purchased, so that there has been a gradual increase in vehicle capacity, e.g. 10 cu. yd. capacity vehicles have been replaced with 12 cu. yd. rear loading vehicles fitted with packer plates, 12 cu. yds. capacity side loading vehicles have been replaced with 18 cu. yd. capacity rear loading, dual tipping type body vehicles, and 50 cu. yd. capacity rear loading self compressing type vehicles. The number of vehicles obtained of the latter type is restricted by virtue of the fact that they are too large to satisfactorily negotiate many of the back lane areas still in existence. However as demolitions and re-development progress the refuse collection vehicles purchased in the future will follow the present trend.

The estimated weight of domestic refuse collected during the year ending 31st March, 1967, based on monthly test weighings was 45,336 tons. This shows an increase by weight apart from the increased bulk of 5,426 tons over the figures recorded for the previous year, *i.e.* ending 31st March, 1966.

This refuse was collected by a crew of 72 Binmen, and 18 Refuse Collection Vehicle Drivers who provided a weekly service for approximately 33,361 dwellings and a daily or thrice weekly service for 2,323 dwelling units in multi-storey buildings and maisonettes. Service during the year was occasionally disrupted due to the incidence of holidays, and the need to re-organise refuse collection rounds covering demolition areas and newly developed estates, but the complaints received were comparatively few.

(b) Trade Refuse

The trade refuse collection service provided by the Gateshead Council for business premises in the County Borough area continues to expand. The revenue received from this service amounted to £9,182 for the year ending 30th March, 1967, as against £8,816 for the preceding year, but no change was effected in the scale of charges applicable which remains as follows:—

For the collection and disposal of Trade Refuse contained in B.S.S.
2 cu $\frac{1}{2}$. ft. capacity dustbins—1/- per bin per collection.

For the collection and disposal of Trade Refuse contained in B.S.S.
1 $\frac{1}{4}$ cu. yd. capacity containers—5/6d. per container per collection.

Note.—Both the above rates are subject to a discount of 25% in respect of the domestic content of such refuse.

For the collection and disposal of Trade Refuse which is not contained in approved receptacles the charge is at cost, *i.e.* vehicle, labour and administration costs.

With regard to the charges for the disposal of trade refuse delivered to Corporation owned Tips the cost of this service was subject to review during the year for several reasons, the major one being the need to extend an existing culvert, and it was ultimately resolved by the Council that as from the 1st January, 1967, the following scale of charges would be applied:—

Vehicles up to 1 ton carrying capacity	3/6d. per load
Vehicles from 1 to 3 tons carrying capacity	7/-d. per load
Vehicles over 3 tons carrying capacity	10/6d. per load
Pantechnicons, Furniture Vans, etc.	15/-d. per load

It was also resolved to preclude the reception of excavated materials, etc., from private contract work owing to the ever-diminishing space available to the Corporation for the disposal of refuse.

(c) Garden Refuse

The Transport and Cleansing Department continues to offer service to the general public in respect of the collection and disposal of garden refuse, and charges in accordance with the scale applicable to Trade Refuse are levied. The demand this year was insignificant.

(d) Collection of discarded household effects

Such has been the growth in the demand for this service, which is free, that at certain periods disposal was an embarrassment to the Department. However this was overcome, and the reduction in the incidence of indiscriminate depositing of debris on road reserves, etc., has been notable. So much so in fact that the Council decided to continue with this service in spite of the cost which amounted to £2,655 for the year ending 31st March, 1967.

(e) Municipal Bin Scheme

This scheme was inaugurated on the 1st October, 1965, and up to the 31st March, 1967, 2,312 bins were issued by the Transport and Cleansing Department. The replacement of defective bins at domestic premises has become a regular and continuous feature of the work of the Department.

2. Refuse Disposal

The tonnages recorded in respect of materials disposed of by controlled tipping during the year ending 31st March, 1967, were as follows:—

House and Trade Refuse and Salvage	..	..	45,336 tons
Street Sweepings, Gully contents	..	..	3,209 tons
Other Corporation Departments	..	..	11,301 tons
Contractors materials	..	..	26,417 tons
			<hr/>
			86,263 tons
			<hr/>

Reference was made in the previous report to the ever-increasing bulk and corresponding decrease in density of the refuse produced in Gateshead which makes the work of disposal by controlled tipping increasingly more difficult. The situation has not improved.

During the year work commenced on the one and only site now available to the Corporation for tipping purposes, viz. Beggar Wood, to extend the existing culvert to link up with the one at Farnacres. It is estimated that this will provide tipping space for a further 5 years or so at the present rate of intake. The Corporation will therefore be faced in the near future with a major decision in respect of refuse disposal. For that reason a report on the Regional Refuse Disposal from the North Eastern Region Planning Authority is anxiously awaited.

Public Conveniences

During the year Toilets for Men and Women were erected in the Cenotaph Gardens to replace the old public convenience situated at the junction of Prince Consort Road and Durham Road.

Furthermore, plans were finalised for the incorporation of Toilets for Men and Women in the new central area redevelopment scheme. This is a joint operation by the Developers and the Corporation and it is anticipated that the new building will be ready for operation at the same time as the shopping precinct.

Vandalism continues to be a distressing feature in respect of the maintenance of public conveniences. However, it is evident that the new buildings are not suffering to quite the same extent as some of the older ones. It is hoped therefore that the improvement in facilities and attention to anti-vandal fitments will result in vandalism in public conveniences being abandoned."

D. PUBLIC BATHS

The following report, with respect to the facilities available as public swimming baths and warm baths, is kindly provided by Mr. R. A. Cameron, Baths Manager.

The Gateshead Baths Department is comprised of two establishments, Mulgrave Terrace Baths, opened in 1890, and Shipcote Baths, opened in 1942. Each of these has a swimming pool of the following dimensions and capacity:—

	<i>Size</i>	<i>Depth</i>	<i>Area</i>	<i>Capacity</i>
Mulgrave Terrace ..	81' 0" x 30' 0"	3' 3"—5' 6"	270 sq. yds.	60,000 gals.
Shipcote	100' 0" x 40' 0"	3' 6"—8' 6"	440 sq. yds.	140,000 gals.

At Mulgrave Terrace there is also a suite of 20 warm baths.

The water in the swimming pool is purified by re-circulation through sand/gravel pressure filters. The Break Point Chlorination Process is employed to sterilise the water in which a free chlorine residual of between 1.0 and 2.0 parts per million is maintained. The free chlorine forms at least 75 per cent of the total chlorine.

Both swimming pools are heated by steam fed calorifiers and pool temperatures maintained at 78°F. and 75°F. in winter and summer respectively.

Admissions to the two establishments were as follows:—

	<i>Public Swimming</i>	<i>Clubs</i>	<i>Schools</i>	<i>Firemen & Police</i>	<i>Hot Baths</i>	<i>Free Passes</i>
Mulgrave ..	36,863	6,359	30,702	351	21,566	131
Shipcote ..	76,242	15,040	35,918	570	—	4,057

E. HOUSING

This year a record was created in that 1,080 families were re-accommodated in 854 newly provided houses and 226 houses which became available for re-letting.

Of the families re-accommodated, 967 were from clearance areas, 42 were from individual unfit houses and 71 were from the General Needs List.

Seven clearance areas were represented during the year and these areas contained a total of 395 dwellings and 377 families.

At the end of 1966 the number of new houses provided and let since 1945 had reached a total of 9,501.

Overcrowding

There is no record of the number of families living in overcrowded conditions, and although there are approximately 4,000 applicants for houses, the vast majority of these applicants are seeking to improve their accommodation and are not in fact overcrowded.

A few complaints of overcrowding are from time to time received and among these many are found to be not overcrowded, when applying the present standard.

Those families rehoused from the general needs list are selected on a points basis, which has regard to overcrowding. The clearance of unfit property has a decided effect upon overcrowding, as these houses are usually the smaller type and therefore most liable to be overcrowded.

It is therefore considered that although the actual amount of overcrowding which exists is still unknown, there is a constant contribution being made towards its alleviation.

Unfit Housing

Clearance Areas

Confirmation of the following five compulsory purchase orders was received during 1966.

Area	No. of Unfit houses	No. of Families
Teams No. 2 C.P.O.	89	85
Clasper No. 1 C.P.O.	408	409
Bensham Terrace	28	38
Bensham Road No. 1 C.P.O.	7	7
Liddell Terrace (Purchase by Agreement)	20	20
<i>Total for 1966</i>	<i>552</i>	<i>559</i>

Public Enquiries were held dealing with the following Compulsory Purchase Orders.

Area	Enquiry Date
Bensham Terrace C.P.O.	19th April, 1966
York and Warwick C.P.O.	23rd August, 1966
Bensham Road	Inspections 10th August, 1966

The following seven areas were represented as Clearance Areas.

Area	No. of Unfit houses	No. of Families
High West Street No. 1 Clearance Area	332	323
High West Street No. 2 Clearance Area	7	6
High West Street No. 3 Clearance Area	5	5
High West Street No. 4 Clearance Area	6	6
Derwentwater Road Clearance Area	11	9
Harle Street Clearance Area ..	15	15
Ellison Villas Clearance Area ..	19	13
<i>Totals</i>	<i>395</i>	<i>377</i>

Clearance Areas

Record of Progress made from 1955-1966

During this period, there has been a total of 73 areas represented as clearance areas, and of these 67 areas have been confirmed.

Those areas represented contained a total of 5,312 dwellings and 5,427 families. Of the dwellings, 3,611 have been demolished and of the families 4,469 have been rehoused.

At the end of 1966 there were 958 families living in areas which have been represented as clearance areas.

Demolition and Closing Orders

During the post-war years the application of individual Demolition and Closing Orders has made a considerable contribution to the programme for the clearance of unfit houses. During 1966, 32 dwellings were subject to individual orders, thus making a total of 986 dwellings so treated. These dwellings accommodated 1,083 families of which 1,059 have been rehoused, 42 of whom were rehoused during 1966.

Of the 986 houses subject to orders, 561 have been demolished, in addition to 250 which have been demolished within the clearance areas.

Demolition of Unfit Buildings

This work by its very nature is a source of nuisance to the immediate vicinity; however, it has been carried out by private contractors, subject to local authority supervision, without any serious complaint having been made.

During 1966 a total of 811 houses were demolished, 675 of which were in clearance areas, 101 were properties included in Compulsory Purchase Orders as added land, and 35 were demolished as individually unfit.

Rent Act, 1957

Applications for certificates of disrepair were received from 5 tenants.

In one instance the defects were remedied before the expiry of the form "J", two undertakings were received and in two cases a certificate of disrepair was issued.

The following table shows the action taken in respect of all applications made under the 1957 Act.

<i>Certificates of Disrepair</i>	<i>Total to 31.12.65</i>	<i>Total 1966</i>	<i>Total at 31.12.66</i>
Applications received	412	5	417
Work completed before expiry of form J ..	22	1	23
Undertakings received from Landlords ..	277	2	279
Certificates issued	93	3	96
Decisions not to issue Certificates .. .	20	—	20
	412	6	418
Applications for Cancellation of Certificates of Disrepair	36	3	39
Certificates cancelled or invalidated .. .	89	3	92

Rent Act, 1954

Certificates outstanding 31.12.65 .. .. .. .	..	..	..	..	9
Certificates cancelled 1966 .. .. .. .	..	..	..	..	2

Housing Acts 1961-1964

Houses in Multiple Occupation

It is now estimated that there are some 70 houses in multiple occupation in the Borough. Many of those houses previously known to be so used have been demolished within clearance areas, or have been treated as individual Demolition or Closing Orders, or reverted to use by one tenant.

On the other hand, houses, not previously known to be so used, are being discovered and added to the list for treatment.

During 1966, 18 houses were dealt with under the provisions of Section 15, Housing Act, 1961, and in 8 cases the notices were withdrawn when the number of families was reduced to one.

In the 10 other houses the following facilities were provided.

	<i>Provided by L.A.</i>	<i>Provided in default by owner</i>	<i>Total</i>
Sinks, benches and water supply	..	—	23
Ventilated foodstores	2	22
Baths	1	3
Hot water supply	—	6
Water closets	—	2
Cookers	—	14
Cleansing and redecoration of common staircases, passages and rooms	..	—	5
			23
			24
			4
			6
			2
			14
			5

49 houses have now been provided with the necessary amenities and brought up to the standard required, and notices served upon the owners of 13 other properties were withdrawn when the number of families in occupation was reduced to one.

Transport and Boarding Houses

During the latter months of 1966 a number of these houses were inspected and, having regard to the limited legislation applicable to this type of accommodation, the standard found was reasonably good.

Where deficiencies were found, the owner of the property was notified informally. In each case the owner responded to this informal approach and carried out the recommendations made.

F. 1. SANITARY INSPECTION OF AREA

Inspections under the various Acts, Orders and Regulations were carried out according to demands and the staff available.

Clearance area procedure and smoke control work occupied a good deal of inspectors' time, and the inspection of meat at the slaughterhouse also required the services of one inspector each week. An average of 20 hours overtime was also worked each week at the slaughterhouse.

The loss of three qualified inspectors during the year caused some interruptions in the work and less time could be given to such matters as offices, shops and food hygiene.

The number of complaints received remains fairly constant, in spite of the demolition of large numbers of unfit houses, and the work involved in effecting repairs to property becomes more time consuming as the years

go by. With the increase in female labour, the inspectors are finding it more and more difficult to gain access to houses for the purpose of inspection and checking repairs carried out. This same difficulty is experienced by builders attempting to carry out the repairs and the reduction in the labour force employed in repair work is also tending to prolong the completion of repairs.

Notwithstanding the difficulties and set-backs a successful year's work was accomplished and further progress made towards improving the environment of the residents of the Borough.

2. Complaints Received and Dealt with During the Year

2,238 complaints were received during the year and were dealt with appropriately.

Of the complaints received :—

1,264 related to general defects, etc.
295 related to absence of water supply
679 related to infestations by rodents

3. Statement of Notices Issued and Complied With

The following table shows the number of notices served upon owners, agents and tenants requiring the abatement of nuisances and repairs to the dwellings, drains, sanitary conveniences, and the provision of dustbins during the year 1966.

	<i>Total from 1945-1965</i>	<i>Total for 1966</i>	<i>Total to 31.12.66</i>
INFORMAL NOTICES			
<i>Housing, Public Health and Corporation Acts</i>			
No. of notices issued	26,120	543	26,663
No. of notices complied with	23,001	539	23,540
No. of notices superseded by statutory action ..	2,149	15	2,164
No. of notices cancelled	724	16	740
No. of notices outstanding	246	—	219
STATUTORY NOTICES			
(1) <i>Housing Acts, 1936-57, Section 9</i>			
No. of notices served	2,031	3	2,034
No. of notices complied with by owners ..	919	2	921
No. of notices carried out in default ..	1,093	5	1,098
No. of notices cancelled	11	—	11
No. of notices outstanding	8	—	4
(2) <i>Housing Act, 1961-1964, Section 15</i>			
No. of notices served	34	7	41
No. of notices complied with by owners ..	14	6	20
No. of notices carried out in default ..	9	2	11
No. of notices cancelled	—	2	2
No. of notices outstanding	11	—	8
(3) <i>Public Health Acts, 1936-61, Sections 17, 39, 45, 83, 93 and 138</i>			
No. of notices served	588	77	665
No. of notices complied with by owners ..	475	68	543
No. of notices carried out in default ..	45	24	69
No. of notices cancelled	32	12	44
No. of notices outstanding	36	—	9
(4) <i>Public Health Act, 1936, Section 75</i>			
No. of notices served	1,647	5	1,652
No. of notices complied with by owners ..	1,056	6	1,062
No. of notices carried out in default ..	578	11	589
No. of notices outstanding	13	—	1

4. Summary of Inspectors' Visits and Inspections

<i>Public Health Acts</i>					
Infectious Diseases	283				
Nuisances	395				
Water Supply	352				
Drainage	549				
Stables and Piggeries	24				
Offensive Trades	28				
Tents, Vans and Sheds	54				
Refuse Disposal	135				
Infested Premises	291				
Public Conveniences	26				
Schools	26				
Hairdressers	28				
Places of Entertainment	90				
Miscellaneous	976				
					3,257
<i>Housing Acts</i>					
Closing and Demolition Orders	317				
Slum Clearance	3,590				
Overcrowding	47				
Houses in Multi-occupation	517				
Repairs and Rents Act	291				
Defects and Repairs	2,512				
					7,274
<i>Food and Drugs Act</i>					
Meat/Food Inspection	1,117				
Shops Inspection	1,012				
Stalls and Vehicles	41				
Cafes and Restaurants	166				
Fish Fryers	80				
Dairies and Milkshops	273				
Ice Cream Shops and Factories	232				
Food Factories	166				
Public Houses	165				
Knackers Yard	22				
Food Sampling	214				
Food Poisoning	10				
Slaughterhouse	638				
					4,136
<i>Factories Act</i>					
Factories	424				
<i>Miscellaneous Acts</i>					
Clean Air Act	2,946				
Prevention of Damage by Pests Act ..	626				
Offices, Shops and Railway Premises Act	1,835				
Diseases of Animals Act	490				
Rag Flock and Other Filling Materials Act	11				
Fertilisers and Feeding Stuffs Act	3				
Pet Animals Act	15				
Noise Abatement Act	70				
Merchandise Marks Act	1				
					5,997
<i>Total Inspections</i>					21,088
<i>Total Visits</i> ..					18,667

5. Notifiable Infectious Diseases

283 visits were made for the purpose of investigating cases of infectious diseases notified to the Medical Officer of Health, and reports as to the conditions found were made.

10 visits were also made during investigations carried out in connection with suspected food poisoning cases.

6. Offensive Trades and Knackers Yard

The organic waste disposal plant at South Shore Road, occupied by Messrs. Tyneside Butchers' By-Products, ceased to operate during the year and the business was transferred to new premises at Morpeth.

The edible fat and tallow melting business of E. S. Hindmarsh and Company, Limited, Brandling Street, also ceased to operate so there are now only 1 Hide and Skin Depot and 2 Marine Store Dealers operating in the Borough.

The Licensed Knacker's Yard on South Shore Road continued to operate under the management of Tyneside Butchers' By-Products, but in view of the uncertainty of the lease being extended, provision has also been made to transfer the business to Morpeth.

The number of animals dealt with during the year was 2,218.

Horses ..	..	..	..	220
Cattle ..	..	..	..	1,144
Sheep ..	..	..	..	512
Calves ..	..	..	..	146
Pigs ..	..	..	..	196

7. Factories Act, 1961

There are 440 factories on the register required to be kept by the District Council, in accordance with Section 8 (5) of the Act of 1961, which has been revised after comparison with the list of factories kept by H.M. Inspector of Factories.

Of the total of 440, there are 415 factories in which mechanical power is used and 10 without mechanical power. There are also 15 other premises, etc., in which Section 7 of the Act is enforced by the Local Authority.

The following list shows the various trades carried on in the factories.

Type of Business			With Mechanical Power	Without Mechanical Power
Bake-houses ..	..	..	28	2
Printers ..	..	..	17	—
Motor Engineers ..	..	..	61	—
General Engineers ..	..	..	54	—
Electrical Engineers ..	..	..	27	—
Tailoring—clothing ..	..	..	20	—
Laundries ..	..	..	5	—
Monumental Masons ..	..	..	2	—
Boot and Shoe Repairing ..	..	..	11	—
Upholstery, Bedding, etc. ..	..	..	10	—
Joinery ..	..	..	32	2
Plumbing ..	..	..	3	1
Foodstuffs ..	..	..	28	1
Glass, etc. ..	..	..	8	1
Warehouses ..	..	..	9	—
Miscellaneous ..	..	..	100	3
<i>Totals</i>	..	..	415	10

Defects and contraventions found during the course of inspections were readily remedied by the factory occupiers upon their attention being drawn to such, and in 50 cases written notices were sent to occupiers.

Notices received from H.M. Inspector of Factories in respect of 8 factories in the Borough, relating to matters requiring the attention of the District Council, under the provisions of Part I of the Act of 1961, received attention with satisfactory results.

1. Inspections for the Purposes of Provisions as to Health

<i>Premises</i>	<i>Number on Register</i>	<i>Inspec- tions</i>	<i>Number of</i>	
			<i>Written Notices</i>	<i>Occupiers Prosecutions</i>
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	10	8	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	415	381	46	—
(iii) Other premises in which Section 7 is enforced by the Local Authority .. .	15	24	3	—
<i>Total</i>	440	413	50	—

2. Cases in which Defects were found

<i>Particulars</i>	<i>No. of Cases in which Defects were Found</i>			
	<i>Referred</i>			
	<i>Found</i>	<i>Remedied</i>	<i>To H.M. Inspector</i>	<i>By H.M. Inspector</i>
Want of Cleanliness	2	2	—	—
Overcrowding	—	—	—	—
Unreasonable Temperature	1	1	—	—
Inadequate ventilation	—	—	—	—
Ineffective drainage of floors	—	—	—	—
Sanitary Conveniences:				
(a) Insufficient	1	1	—	1
(b) Unsuitable or defective	52	51	—	7
(c) Not separate for sexes	1	1	—	—
Other Offences against the Act (not including offences relating to out-workers).	—	—	—	—
	57	56	—	8

There were no cases in which prosecutions were instituted.

Outworkers—Part VIII of the Act, Section 133 and 134

There were no notifications received of factories in the Borough employing outworkers.

The names and places of employment of 15 outworkers within this district, employed by occupiers of 7 factories outside the Borough were notified by 4 councils of other districts.

There were 10 outworkers on the register for the earlier part of the year and 8 for the latter part.

The places of employment of all outworkers, which were in all cases their homes, were visited and no contraventions of this part of the Act were found.

<i>Nature of Work</i>	<i>No. of Outworkers in August list required by Section 133(1)(c)</i>	<i>No. of cases of default in sending list to the Council</i>	<i>No. of prosecutions for failure to supply lists</i>	<i>No. of instances of work in unwhole- some premises</i>	<i>Notices served</i>	<i>Prosecutions</i>
Wearing Apparel (making, etc.)	7	—	—	—	—	—
Cosaques, Christmas stockings, etc.	..	1	—	—	—	—
	8	—	—	—	—	—

8. The Offices, Shops and Railway Premises Act, 1963

The administration of the above Act continued throughout the year and a total of 1,835 visits were made to various premises.

Unfortunately, three inspectors appointed under the Act resigned during the year and only one was replaced, so activities were somewhat curtailed.

However, 282 general inspections were carried out making a total of 1,027 premises inspected since the inception of the Act. This total includes 132 premises which have ceased to come within the scope of the Act for various reasons and many more changes are anticipated owing to redevelopment and clearance schemes.

The following table shows details of the work carried out in relation to the Act during the year.

No. of premises receiving a general inspection ..	282
No. of notices served requiring compliance with the Act	266
No. of notices complied with during the year ..	215
No. of notices partially completed	75
<hr/>	
Total number of premises complying with the Act ..	644

Shops

In general, the standard of cleanliness in shops is improving but the storage rooms in quite a number were found to be in need of attention. The poor standard of cleanliness prevailing in store rooms can usually be attributed to lack of adequate space resulting in overstocking, which makes it almost impossible to carry out cleansing operations.

It is regrettable that even in many modern shops storage facilities have not been adequately provided for and the difficulty in cleansing soon becomes apparent.

There are still quite a number of old shops operating in the town, many of which cannot be brought up to the higher Standard owing to their limited life. Only the minimum requirements are enforced in premises included in redevelopment and clearance areas.

Analysis of the contraventions found show lack of adequate first-aid equipment and absence of thermometers to be the principal infringements. In a number of premises a poor standard of lighting was provided in the rear rooms and passages. A few shops were found to be without the proper washing facilities and in some the facilities provided were not in all respects satisfactory.

A good deal of work was carried out during the year to bring the premises up to the required standard and in most cases the occupiers co-operated willingly.

Offices

During the year 52 offices received a general inspection, 37 notices were served with respect to infringements and 57 notices were completed.

About 600 visits, covering all aspects of the work, were made to the premises.

The matters requiring attention included the provision of washing facilities, water closet accommodation, ventilation to offices and the provision of handrails and guard rails to stairs. In four cases it was found necessary to ask for improved lighting (working plane) also in several cases suitable seating facilities for typists.

No serious cases of overcrowding were noted during the year.

Wholesale Shops and Warehouses

General inspections of 29 warehouses were carried out and the infringements noted were mainly of a minor nature.

No difficulties were experienced in effecting compliance with the Act and the occupiers were eager to co-operate.

Catering Establishments Open to the Public and Canteens

The majority of premises inspected within this category were public houses and the management were very co-operative. In most cases the infringements were of a minor nature but attempts have been made to raise the standard of facilities for washing equipment and the provision of double sinks or washing machines is being advocated.

Accidents

Thirty-three accidents were reported during the year and all cases were investigated.

Three accidents occurred in office premises, eighteen in shop premises, two in wholesale warehouses, eight in catering establishments and two in canteen premises, involving 16 women, 11 men, 1 boy and 5 girls. The majority of the accidents occurred in retail shops and catering establishments.

Thirteen accidents were caused by falls, five of which were on or from stairs, nine accidents occurred while handling goods and three when using a hand tool. Three accidents involved machinery. No fatal accidents were reported during the year.

Informal advice was given to the occupiers in five cases.

All Reported Accidents, Workplace and Sex, Adults and Young Persons

Class of Workplace	Adults		Young Persons		Total
	Male	Female	Male	Female	
Offices	1	2	—	—	3
Retail Shops	5	8	1	4	18
Wholesale Shops or Warehouses	2	—	—	—	2
Catering Establishments	3	4	—	1	8
Canteens	—	2	—	—	2
<i>Total</i>	11	16	1	5	33

All Reported Accidents Analysed—Primary Cause

Primary Cause	Adults		Young Persons		Total
	Male	Female	Male	Female	
Falls of persons on or from fixed stairs	1	2	—	2	5
Falls from ladders or step ladders	1	—	—	—	1
Other falls from one level to another	—	3	—	—	3
Falls on same level	1	3	—	—	4
Handling goods (not otherwise classifiable)	5	3	—	1	9
Hand tools	1	—	1	1	3
Not otherwise specified	1	3	—	1	5
Non power-driven machinery	—	1	—	—	1
Power-driven machinery	—	1	—	—	1
Machinery or relevant part at rest. (Power and non-power driven)	1	—	—	—	1
<i>Total</i>	11	16	1	5	33

9. Places of Public Entertainment

90 visits were made to places of public entertainment to examine the premises prior to the issue of certificates as to the sanitary conditions for the annual licensing.

Only minor defects were noted in a number of premises and these were promptly remedied by the occupiers.

10. Atmospheric Pollution

Measurement of Pollution

The results obtained from the atmospheric recording machine operating at Nelson Street show a decrease in the amount of smoke and sulphur in the air from 1965. It is also gratifying to know that since the Smoke Control Orders became operative in the area, the amount of smoke has steadily decreased from approximately 300 microgrammes per cubic meter in 1960 to 132 microgrammes per cubic meter in 1966. The sulphur dioxide content has also decreased from 234 to 158 microgrammes per cubic meter in the same period.

The results obtained at Wrekenton Health Centre are not quite so satisfactory in that there has been a slight increase in the average amount of smoke since 1965, but a corresponding decrease in the amount of sulphur dioxide.

It is most difficult to account for the increase in smoke content in view of the coming into operation of two smoke control orders in the area, but the main factor may be that there is a large housing estate not yet covered by smoke control orders to the windward side of the recording station.

Another reason for the increase in smoke could be the development of two new housing estates in the area, since the recording machine was put into operation.

By reference to the tables of results obtained at Wrekenton Health Centre, it will be seen that following the coming into operation of the smoke control orders on 1st July, 1966, most months showed a decrease in both sulphur and smoke, the exceptions being October and November.

For the purpose of observing the trend in the level of atmospheric pollution, a daily average of concentration of smoke and sulphur dioxide is shown for the comparable months of 1960, 1963, 1965 and 1966.

Housing Department, Nelson Street

	Smoke			Sulphur Dioxide		
	1960	1965	1966	1960	1965	1966
January	440	204	232	460	182	195
February	390	268	187	360	194	210
March	250	242	146	170	177	176
April	260	133	90	210	144	147
May	248	164	93	180	149	136
June	185	80	82	160	108	113
July	240	63	83	150	103	127
August	240	67	77	140	107	92
September	240	142	132	170	172	141
October	330	176	108	178	182	133
November	500	201	198	219	225	212
December	530	248	161	400	229	212
Daily Average	321	166	132	234	164	158

Health Centre, Wrekenton

	<i>Smoke</i>			<i>Sulphur Dioxide</i>		
	1963	1965	1966	1963	1965	1966
January	—	101	247	—	88	168
February	128	—	127	35	—	103
March	79	80	105	52	74	68
April	80	65	68	54	79	57
May	50	52	69	53	72	53
June	40	47	60	40	86	56
July	49	64	50	36	66	54
August	43	64	60	30	82	62
September	41	99	86	32	105	89
October	48	93	140	48	112	88
November	62	140	141	62	120	133
December	77	175	129	64	139	116
Daily Average	63	89	107	66	93	87

Smoke Control Areas

Two more smoke control orders came into force during the year making a total of 7 orders in operation. Details of the various orders are given in the following table and show that approximately 1/10th of the area of the town is now subject to control.

Area	Acreage	No. of Premises		
		Dwellings	Other Premises	Total
Barn Close No. 1	10.75	232	288
Chandless No. 2	32.34	643	710
Central No. 3	38.14	230	441
Wylam No. 4	24.00	81	138
Harlow Green No. 6	232.00	753	761
Wrekenton No. 7	87.90	799	819
Wrekenton No. 9	22.80	306	331
<i>Totals</i>	447.93	3,044	3,488

The Nos. 7 and 9 Orders came into operation on the 1st July, 1966. No. 5 Order was revoked and No. 8 Order comes into operation on 1st July, 1967, and will cover a further 198 acres and includes 278 dwellings and 57 other premises.

The Council also made the Gateshead (Moss Side) No. 10 Smoke Control Order on the 6th July, 1966 which covers an area of 209.5 acres and includes 1,497 premises, 1,479 of which are dwelling houses.

If the Minister's confirmation is received, it is hoped to bring this Order into operation on the 1st July, 1968.

Surveys of two further areas were in progress at the end of the year

Clean Air Act, 1956

Under Section 3 of the Clean Air Act, 1956, notices of intention to install new furnaces in industrial premises were received in respect of:—

6 boilers with underfeed stoker
1 boiler hand-fired using coke
7 boilers with gas-fired furnaces
33 boilers with oil-fired furnaces

G. INSPECTION AND SUPERVISION OF FOOD

Milk and Dairies

All the milk now sold in the town comes from dairies and dairy farms outside the Borough. As in past years, sampling has been directed mainly to the untreated milk, the treated being will supervised at the processing plants and by the various authorities in the areas supplied.

Milk Retailers

Producer retailers from outside the Borough	1
Retailers distributing from premises outside Borough	5
Retailers distributing from premises within Borough	13
Shops retailing milk	285

Milk (Special Designation) Regulations, 1960-1963

The following licences, issued under the above Regulations, were in force during the year and remain valid until 31st December, 1970.

Dealers' licences to retail sterilised milk	294
Dealers' licences to retail pasteurised milk	154
Dealers' licences to retail untreated milk	6
Dealers' licences to retail ultra heat treated milk	9

Quality and Purity

The following summary shows the total number of samples taken and submitted for the prescribed tests under the Milk (Special Designation) Regulations, 1963.

1. Methylene Blue Test	82
2. Phosphatase Test	39
3. Turbidity Test	1
4. Brucella Abortus Test	43

Results of Tests

<i>Class of Milk</i>	<i>Appropriate Test</i>	<i>No. Examined</i>	<i>No. Satisfactory</i>	<i>No. Unsatisfactory</i>	<i>No. Invalid</i>
Pasteurised ..	Methylene Blue ..	39	38	1	—
	Phosphatase ..	39	38	1	—
Sterilised ..	Turbidity ..	1	1	—	—
Untreated ..	Methylene Blue ..	43	37	6	—
	Brucella Abortus Biological Test ..	43	42	1	—
	Brucella Abortus Ring Test ..	43	36	6	1
		208	192	15	1

* The sampling of untreated milk is aimed at obtaining one sample each month from each producer whose milk is retailed within the Borough. The samples are submitted to the Public Health Laboratory for ring testing and biological examination. Positive tests are notified to the local authority of the producing area and subsequent action is in co-operation with that local authority.

A positive biological sample is reported to the Medical Officer of Health for such action as he may consider necessary.

Ice Cream

Bacteriological Examination

23 samples of ice cream, mainly from local manufacturers, were submitted for the methylene blue grading test with the following results.

Grade 1	..	..	..	..	13
Grade 2	..	..	..	..	5
Grade 3	..	..	..	..	1
Grade 4	..	..	..	..	3
No. void	..	..	..	..	1

The four unsatisfactory samples were produced at a small factory in the town and failure to satisfy the test was due to ineffective methods of sterilising the plant.

Samples taken following more efficient cleansing and sterilisation of the plant were reported as satisfactory.

Ice Cream Premises

Premises registered for the manufacture of ice cream	..	..	..	..	3
Premises registered for the sale of ice cream at beginning of year	..	..	..	373	
Premises added to register in 1966	..	..	..	4	
Premises removed from register in 1966	..	..	..	2	

Inspection of Unsound Foodstuffs

During the year 187 certificates were issued in respect of 11 tons, 12 cwts., 21 $\frac{1}{4}$ lbs. of unsound food, consisting of:—

Fish	..	..	..	..	84	lbs.
Meat	..	..	..	..	237 $\frac{1}{2}$	"
Ham and Bacon	..	..	..	..	42	"
Frozen Foods	..	..	..	..	139 $\frac{1}{2}$	"
Poultry and Game	..	..	..	..	100	"
Tinned Goods	..	..	..	..	12,612 $\frac{1}{2}$	"
Carton and Packaged Goods	..	..	..	..	22	"
Fruit and Vegetables	..	..	..	..	6,720	"
Miscellaneous	..	..	..	..	396	"
Tinned Meats	..	..	..	..	5,651 $\frac{3}{4}$	"
					26,005 $\frac{3}{4}$	lbs.

Total weight dealt with in 1965 was 5 tons, 15 cwts., 21 lbs.

Offences under the Food and Drugs Act and Regulations

The following offences were dealt with during the year.

<i>Contravention</i>	<i>Result</i>
1. Selling mouldy meat and potato pasty ..	Fined £35 and £5 5s. 0d. costs.
2. Selling loaf of bread containing pieces of old dough	Fined £5 and £3 3s. 0d. costs.

<i>Contravention</i>	<i>Result</i>
3. Selling lemon cream roll unfit for human consumption	Warning letter from Town Clerk.
4. Selling bottle of milk containing metal wrist watch strap	Fined £15 and £5 5s. 0d. costs.
5. Selling a Vienna roll containing piece of old dough	Warning letter from Town Clerk
6. Selling Peppermint Chews containing pieces of aluminium	Fined £10 and £5 5s. 0d. costs
7. Selling Chocolate truffle containing foreign body	Fined £10 plus £7 7s. 0d. costs.
8. Selling loaf of white bread with cloth adhering to it	Fined £10 and £7 7s. 0d. costs
9. Selling a bread roll sandwich containing foreign body	Fined £25 and £5 5s. 0d. costs.
10. Selling a sausage roll found to be mouldy.	Fined £40 and £5 5s. 0d. costs.
11. Selling loaf of bread found to be mouldy.	Fined £20 and £5 5s. 0d. costs.
12. Selling mouldy sausage rolls	Fined £10.
13. Selling tin of corned beef found to be mouldy	Warning letter from Town Clerk.
14. Selling a meat pie found to be unfit for human consumption	Warning letter from Town Clerk.
15. Selling Mouldy chocolate cake	Fined £15 0s. 0d.
16. Selling mouldy loaf of bread	Fined £15 plus 3/6d. witness fees and £7 7s. 0d. costs.
17. Selling packet of dates containing nail ..	Warning letter from Town Clerk.
18. Selling date and walnut cake containing a nail	Fined £10 and £8 7s. 0d. costs

Total Number of Food Premises Subject to the Food Hygiene (General) Regulations, 1960

(1) Details of food premises subject to the Food Hygiene (General) Regulations, 1960, grouped in categories of trade carried on in them.

<i>Type of Premises</i>	<i>Total No.</i>	<i>No. fitted to comply with Reg. 16*</i>	<i>No. to which Reg. 19 Applies</i>	<i>No. fitted to comply with Reg. 19†</i>
		16*	Reg. 19 Applies	Reg. 19†
Dairies	3	3	3	3
Butchers	84	74	84	80
Greengrocers	50	41	50	45
Grocers and Multiple Stores	102	96	102	101
General Dealers	258	229	258	248
Bakers and Confectioners (retail and manufacture)	65	59	65	64
Bakeries (Wholesale manufacture)	3	3	3	3
Sweets, etc.	57	47	57	55
Fish—Wet	16	15	16	16
Fish—Fried	45	40	45	45
Licensed Premises (Public Houses, Social Clubs, Off Licences)	149	147	149	137
Restaurants, Cafes and Snack Bars	28	26	28	28
Canteens, factories, shops, etc.	80	79	80	80
Places of Public Entertainment	35	33	28	28
Wholesale Food Manufacturers, Warehouses	30	28	30	28
Aerated Water Manufacturers	3	2	3	2
Pickles and Jam Manufacturers	3	3	3	3
Mobile Shops, Chemists, Herbalist and other miscellaneous premises	35	35	29	29
	1,046	960	1,033	995

*Regulation 16 relates to the provision of wash-hand basins.

†Regulation 19 relates to facilities for washing food and equipment

(2) Food premises registered under Section 16, Food and Drugs Act, 1955.

Ice cream (sale and manufacture) ..	378
Butchers (manufacture of sausage, etc.) ..	47
Pork Butchers (manufacture of sausages etc.)	8
Bakeries (manufacture of pies)	8
Preserved Meat Manufacturers	6

(3) There are 3 dairies in the town registered under the Milk and Dairies Regulations, which are now used as milk distribution centres.

(4) *Inspection of Food Premises*

During the year, 2,294 visits were made to food shops, cafes, restaurants, food factories and public houses, and 41 inspections were made of vehicles used for the sale and transport of food.

131 notices were served upon the occupiers of premises for non-compliance with the Food Hygiene (General) Regulations, 1960 and 83 notices were complied with during the year.

4 notices were served upon the owners of mobile shops and vehicles used for the transport of food and 44 notices were complied with.

Summary of Works Done During 1966

(a) *Food Hygiene (General) Regulations, 1960*

1. Premises cleansed, redecorated. Walls, floors, ceilings, etc., repaired	50
2. Articles of equipment cleansed	10
3. Steps taken to protect food from contamination	21
4. Cleanliness of employees	1
5. Wrapping of food	—
6. Drainage of food premises	2
7. Sanitary conveniences—cleanliness, condition, Lighting and ventilation	27
8. Provision of handwashing notices in sanitary conveniences	20
9. Provision of washing facilities for staff	67
10. Provision of washing facilities for food and equipment	14
11. Provision of first-aid materials	13
12. Provision of accommodation for the storage of clothing	11
13. Provision of sufficient and suitable lighting in food rooms	1
14. Provision of sufficient and suitable ventilation in food rooms	—
15. Removal of refuse or filth from food premises	17
16. Provision of means to retain foods at prescribed temperatures	—
17. Vehicles cleansed, repaired, etc.	21
18. Use of tobacco	10
19. Accumulation of stock—untidiness	1
20. Name and address not on vehicle	9

Annual Report of Samples of Foodstuffs Taken During 1966

	Sample		No. of Samples		
			Genuine	Irregular	
Apples		1	1	—
Brewers' Yeast		1	1	—
Black Pudding		1	1	—
Broad Beans		1	1	—
Cake Mixture		1	1	—
Cocoa		1	1	—
Chili Sauce		1	1	—

<i>Sample</i>		<i>No. of Samples</i>	<i>Genuine</i>	<i>Irregular</i>
Cod Fillet	.. .. .. ..	1	1	—
Cheese Omlette	.. .. .. ..	1	1	—
Chicken Stock	.. .. .. ..	1	1	—
Cheese Food	.. .. .. ..	1	1	—
Curried Foods	.. .. .. ..	4	4	—
Curry Powder	.. .. .. ..	2	2	—
Drinking Chocolate	.. .. .. ..	1	1	—
Double Gloucester Cheese	.. .. .. ..	1	1	—
Dried Shrimps	.. .. .. ..	1	1	—
Dried Fruit	.. .. .. ..	1	1	—
Fish Cakes	.. .. .. ..	6	6	—
Food Colouring	.. .. .. ..	3	3	—
Flour, plain	.. .. .. ..	4	4	—
Flour, wholewheat	.. .. .. ..	1	1	—
Flan Mixture	.. .. .. ..	1	1	—
Glucose	.. .. .. ..	1	1	—
Gelatine	.. .. .. ..	3	3	—
Gravy Mix	.. .. .. ..	1	1	—
Glace Cherries	.. .. .. ..	2	2	—
Ground Ginger	.. .. .. ..	1	1	—
Horseradish Sauce	.. .. .. ..	2	2	—
Honey	.. .. .. ..	1	—	1*
Invert Sugar	.. .. .. ..	1	1	—
Ice Cream Powder	.. .. .. ..	1	1	—
Ice Cream	.. .. .. ..	4	4	—
Instant Coffee	.. .. .. ..	1	1	—
Lolly Mix	.. .. .. ..	1	1	—
Long-life Cream	.. .. .. ..	1	1	—
Milk Shake	.. .. .. ..	1	1	—
Milk Pasteurised	.. .. .. ..	1	—	1†
Mono-sodium Glutamate	.. .. .. ..	1	1	—
Mixed Peel	.. .. .. ..	1	1	—
Margarine	.. .. .. ..	2	1	1‡
Orange Marmalade	.. .. .. ..	1	—	1**
Pork	.. .. .. ..	1	1	—
Pork Sausage	.. .. .. ..	1	1	—
Pectin	.. .. .. ..	1	1	—
Potato Crisps, flavoured	.. .. .. ..	1	1	—
Rum-flavoured drink	.. .. .. ..	1	1	—
Root Ginger	.. .. .. ..	1	1	—
Soft Drinks	.. .. .. ..	8	8	—
Slimming Biscuits	.. .. .. ..	1	1	—
Sausage	.. .. .. ..	1	1	—
Tinned Lychees	.. .. .. ..	1	1	—
Tinned Longans	.. .. .. ..	1	1	—
Tomato Soup Powder	.. .. .. ..	1	1	—
Tinned Tomatoes	.. .. .. ..	2	—	2††
White Bread	.. .. .. ..	9	8	1‡‡
Yoghurt	.. .. .. ..	2	2	—
		95	88	7

* 'Foreign' body consisting of fragments of glass. Prosecution pending.

† Milk contained 1,300 p.p.m. free chlorine. Investigations proceeding.

‡ Rancidity—prosecution pending.

** Discoloured fragment consisted of bruised orange skin. Warning letter from Town Clerk.

†† Italian tinned tomatoes:—One tin contained 870 p.p.m. of tin (maximum recommended limit 250 p.p.m.). One tin contained a grub of *Ephestia* species. Investigations proceeding.

‡‡ 'Foreign body' consisting of old dough. Warning letter from Town Clerk.

Slaughterhouse

During the year there was an increase in the number of animals slaughtered in the town—26,579 compared with 22,411 during 1965.

It will be seen from the following table that the increase is mainly in the number of sheep slaughtered and that there is a decrease in the number of pigs.

Table I

	1963	1964	1965	1966
Cattle	..	3,483	2,980	2,624
Calves	..	44	64	40
Sheep	..	13,634	15,320	15,768
Pigs	..	14,793	6,802	3,979
		31,954	25,166	22,411
				26,579

All the animals slaughtered were examined by a public health inspector and after inspection were marked with a stamp identifying the inspecting officer.

The inspection procedure was carried out in accordance with the method laid down in the Meat Inspection Regulations, 1963 and involved a certain amount of overtime, mainly at week-ends, in order to achieve 100% inspection.

Table II

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	1,858	437	75	22,294	1,915
Number inspected	1,858	437	75	22,294	1,915
<i>All Diseases Except T.B. and Cysticerci</i>						
Whole carcases condemned	8	10	1	137	13
Carcases of which some part or organ was condemned	760	152	3	6,573	479
Percentage of number inspected affected with disease other than T.B. and Cysticerci	41.38	37.07	5.3	30.1	25.6
<i>Tuberculosis only</i>						
Whole carcases condemned	—	—	—	—	—
Carcases of which some part or organ was condemned	1	—	—	—	21
Percentage of number inspected affected with T.B.05	—	—	—	1.09
<i>Cysticercosis</i>						
Carcases of which some part or organ was condemned	22	1	—	19	—
Carcases submitted to treatment by refrigeration	21	—	—	—	—
Generalised and totally condemned	1	—	—	—	—

Table III shows the meat and offal condemned for the various diseased conditions found upon post-mortem examination at the slaughterhouse.

Table III

	lbs.
Traumatism	647
Tuberculosis	141
Pneumonia	1,182
Pleurisy and Peritonitis	2,212
Parasitic Conditions	9,312
Abscesses	1,587
Contamination	109
Cysticercus bovis	1,170
Cirrhosis	378
Actino bacillosis	160
Haemangioma	150
Arthritis	984
Imperfect Bleeding	494
Pyaemia	725
Oedema and Emaciation	4,558
Septicaemia	2,716
Jaundice	44
Neoplasms	1,745
Toxaemia	785
Mastitis	64
Actino Mycosis	60
C. Ovis	20
Hydatids	2
Septic Pneumonia	1,019
Septic Peritonitis	66
Septic Arthritis	106
Septic Mastitis	197
Septic Nephritis	260
Other Conditions	157
<i>Total</i>	<u>31,050</u>

Bacteriological Examinations

Where reason for doubt existed on visual inspection and in "border-line" cases, the Public Health Laboratory Service was used to help in determining the fitness of food for human consumption.

Pathogenic bacteria were found in only one instance and that in a carcase of cow beef which had been the subject of emergency slaughter.

The following specimens were submitted for bacteriological examination.

2 Lymph nodes—	}	1 carcase cow beef
2 Spleens		
2 Livers		1 carcase pork
2 Bone Marrows		
2 Kidneys		
1 sultanas		
1 mussels in shell		

H. OTHER MISCELLANEOUS ACTIVITIES

1. Diseases of Animals Act, 1950

The administration of the above Act was confined mainly to the livestock market situated at Redheugh Bridge Road and operated by Messrs. T. and I. Maughan and Company.

A total of 103 sales were held during the year and an inspector appointed under the Act attended each one to issue the necessary movement licences and supervise the cleansing of the vehicles and the transport of animals.

The mart was well maintained and the management co-operated willingly to any suggestion made with regard to the operation of the various orders and regulations.

There was a further increase in the number of animals passing through the mart, (which is also an Official Certification Centre) during the year and the following table shows the numbers sold.

	<i>Fat Stock for Slaughter</i>	<i>Store Stock</i>
Cattle	16,815	—
Sheep	38,228	—
Calves	123	149
Pigs	4,603	5,523
Horses	—	80
	59,769	5,752

1,013 licences were issued in respect to the movement of 10,126 swine.

Animals (Landing from Channel Islands, Isle of Man, Northern Ireland or Republic of Ireland)

No sales of freshly landed cattle were held in 1966.

Regulation of Movement of Swine Order, 1960

The movement of swine under the above Order was as follows:—

	<i>No. of Licences Issued</i>	<i>No. of Swine</i>
Movement of Swine from Maughan's Mart to premises outside the Borough ..	901	9,555
Movement of Swine from Mart to premises within the Borough ..	112	571
Movement of Swine to premises within the Borough from other authorities ..	161	940

Regular inspections were carried out covering all aspects of the Order, including inspection of piggeries.

Swine Fever (Infected Areas Restrictions) Order, 1956-58

There were no outbreaks of swine fever in the area during the year.

Foot and Mouth Disease

The outbreak of foot and mouth disease in Northumberland which commenced on 22nd July, 1966 and ended on the 12th September, 1966, did not affect Gateshead Borough except in a reduction of the number of animals passing through the mart during the period of restriction.

Live Poultry (Restrictions) Order, 1957

No sales of poultry were held during the year.

2. Disinfestation of Verminous Premises

Details of the types of premises where disinfection work has been carried out for various kinds of infestations are shown below:—

<i>Premises treated for Cockroaches</i>						
Council houses	..	..	..	..	..	29
Private houses	..	..	..	..	..	30
Hospitals	..	..	..	..	..	14
Other premises	..	..	..	..	..	10
Welfare Service cases	..	..	..	..	..	3
						—
						86
<i>Premises treated for Bugs and Other Insects</i>						
Council houses	..	..	..	..	..	34
Private houses	..	..	..	..	..	34
Other premises	..	..	..	..	..	4
Welfare Services Cases	..	..	..	..	..	7
						—
						79
						—
						165
						—

3. Prevention of Damage by Pests Act, 1949

The operation of the above Act included the treatment of sewers, refuse tips, river banks and open spaces for rat infestations, and the inspection and treatment of houses and business premises for rats and mice infestations.

<i>Treatment</i>	<i>Bait Used</i>	<i>No. of Manholes Baited</i>	<i>No. of Takes Recorded</i>
Carried out from March to September	.. Warfarin, Oatmeal, Sugar, Oil and preservative .. , „	779 } 975 196 }	151 } 218 67 }
Special treatment carried out from October to November			

One complete treatment of the sewers in the Borough was carried out during the months of March to September and 779 manholes were baited with warfarin.

A check treatment was then carried out from October to November and all manholes where takes had been recorded during the full treatment were rebaited until no evidence of rats was found.

A rise in the number of manholes infested was recorded during the year, possibly due to the curtailed treatment carried out in 1965, which may also account for the rise in the number of surface infestations.

It is quite evident from the results obtained that, unless continued regular treatment is maintained, the colonies of rats living in the sewers increase rapidly and also affect surface infestations.

Rodent Control in Premises

During the year, a total of 679 complaints were received regarding infestations of rats or mice in various premises.

Of the total, 109 premises were found to be infested with mice, 334 with rats, at 165 premises baits were laid but had 'no takes' and 71 premises did not require treatment.

The following table shows the number of infestations found and treatments carried out.

1.	Total number of properties (including nearby premises) inspected following notification ..	679
	Number infested by (i) Rats	334
	(ii) Mice	109
2.	Total number of properties inspected for rats and/or mice for reasons other than notification ..	49
	Number infested by (i) Rats	6
	(ii) Mice	—

Rag Flock and Other Filling Materials Act, 1951

There are 13 premises registered in the Borough to use and store filling materials to which the Act applies.

During the year, 11 visits were made to these premises and 4 informal samples of material taken, all of which complied with the Regulations.

Pet Animals Act, 1951

The four licensed pet shops in the town were visited periodically and found to be maintained in compliance with the Act.

Merchandise Marks Act

One special visit was made under this Act and attention to marking of goods was made during visits under the Food and Drugs Act.

Burial Act, 1857

No action was necessary during the year.

Table 53

ANALYSIS OF DEATHS ACCORDING TO CAUSES, AGES, SEX AND WARDS DURING 1966

	Certified Uncertified	Total	Males	Females	0-1 Yrs.		1-2 Yrs.		2-5 Yrs.		5-15 Yrs.		15-25 Yrs.		25-45 Yrs.		45-65 Yrs.		65-75 Yrs.		75 Yrs. & Over		Riverside	Claxton	Enfield	Low Fell	Wrekenton	Saltwell	Teams	Askew	Bensham	Charemont	Chandless	Shipcote	Total Deaths in Inst's.	Transferable Deaths	
					In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out					
1. Tuberculosis, Respiratory	..	10	9	1																																	
2. Tuberculosis, Other	..	1	1																																		
3. Syphilitic Disease	..																																				
4. Diphtheria	..																																				
5. Whooping Cough	..																																				
6. Meningococcal Infections	..																																				
7. Acute Poliomyelitis	..																																				
8. Measles	..																																				
9. Other Infective & Parasitic Diseases	..	2	1	1																																	
10. Malignant Neoplasm, Stomach	..	41	23	18																																	
11. Malignant Neoplasm, Lung Bronchus	..	78	69	9																																	
12. Malignant Neoplasm, Breast	..	15	—	15																																	
13. Malignant Neoplasm, Uterus	..	6	—	6																																	
14. Other Malignant Lymphatic Neoplasms	..	112	63	49																																	
15. Leukaemia, Aleukaemia	..	6	4	2																																	
16. Diabetes	..	8	2	6																																	
17. Vascular Lesions of Nervous System	..	150	68	82																																	
18. Coronary Disease, Angina	..	291	157	134																																	
19. Hypertension with Heart Disease	..	21	5	16																																	
20. Other Heart Disease	..	98	39	59																																	
21. Other Circulatory Disease	..	58	26	32																																	
22. Influenza	..	3	—	3																																	
23. Pneumonia	..	13	9	4																																	
24. Broncho Pneumonia	..	42	15	27	3																																
25. Bronchitis	..	84	64	20																																	
26. Other Diseases of Respiratory System	..	14	8	6																																	
27. Ulcer of Stomach Duodenum	..	14	9	5																																	
28. Gastritis, Enteritis	..	4	2	2																																	
29. Diarrhoea	..	1	1	1																																	
30. Nephritis, Nephrosis	..	2	1	1																																	
31. Hyperplasia of Prostate	..	6	6	—																																	
32. Pregnancy, Childbirth, Abortion	..																																				
33. Congenital Malformations	..	14	7	7	7																																
34. Premature Birth	..	12	7	5	12																																
35. Other Defined & Ill-Defined Diseases	..	70	34	36	9																																
36. Motor Vehicle Accidents	..	22	15	7	2																																
37. All Other Accidents	..	25	16	9	2																																
38. Suicide	..	12	6	6																																	
39. Homicide & Operations of War	..																																				
		1235	667	568	36	2	4	9	53	317	386	428	82	95	139	114	123	102	154	53	107	112	63	91	744	266	281										

